Client Data Sheet

Taxpayer Name _____ Spouse Name _____

Occupation _____ Occupation _____

SSN _____Birthdate_____ SSN _____Birthdate_____

Email _____ Email _____

Cell Phone _____ Cell Phone _____

Alt Phone _____ Alt Phone _____

Address _____City_____State _____ Zip _____

Dependents

Name	Date of Birth	SSN	Relationship to you

Bank Name_____ Routing Number _____ Account Number _____

Checking _____ Savings _____

Virtual Currency (any involvement) – Yes _____ No _____

Notes

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