

ADVANCED BUSINESS CONSULTANTS CLIENT PROFILE

PRIMARY TAXPAYER

Name _____ DOB: ___ / ___ / ___ SS# _____ - _____ - _____
Address _____ Apt./Suite # _____
City: _____ State _____ Zip Code _____
Occupation _____ email _____
Home # _____ Work # _____ Cell # _____ Fax # _____

SPOUSE

Name (Maiden Name) _____ DOB: ___ / ___ / ___ SS# _____ - _____ - _____
Address (If Different) _____ Apt./Suite # _____
City: _____ State _____ Zip Code _____
Occupation _____ email _____
Home # _____ Work # _____ Cell # _____ Fax # _____

Dependent #1

Name _____
SS# _____
DOB _____
Gender _____

Dependent #3

Name _____
SS# _____
DOB _____
Gender _____

Dependent #3

Name _____
SS# _____
DOB _____
Gender _____

Dependent #4

Name _____
SS# _____
DOB _____
Gender _____

Do you want to file electronically? If yes then please provide a voided check.

___ Please sign and return the 7216 consent form for us to prepare your taxes and so we can legally contact you.

___ Please provide picture ID's and social security card of the taxpayers for us to scan and place in your file.

___ Please provide your documentation such as W-2's, mortgage interest statements. We will scan and return them to you.

If you are a new client, do you have old tax returns you would like us to review?

Do you currently owe the IRS? If yes, how much? \$ _____ What year(s)? _____

Other information/notes: