



INDIVIDUAL CLIENT SETUP FORM

First _____ Last _____

Address: _____ City _____ State ____ Zip _____

Home : _____ Mobile : _____ Business: _____

Primary phone: Home Mobile Business Email: _____

Preferred Method for Quick Updates: Call Text Email

Taxpayer Name: _____ SS#: _____ DOB: _____

Spouse Name: _____ SS#: _____ DOB: _____

Other contact

First _____ Last _____

Address: _____ City _____ State ____ Zip _____

Home: _____ Mobile: _____ Business: _____

Email: _____ Portal

Primary phone: Home Mobile Business Contact type: Preferred Billing

Other contact

First _____ Last _____

Address: _____ City _____ State ____ Zip _____

Home: _____ Mobile: _____ Business: _____

Email: _____ Portal

Primary phone: Home Mobile Business Contact type: Preferred Billing

Notes
