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|  |  |  | **Client Intake Form 2024****Information update.** |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| **Full Name & Occupation:** |  |  |  |  | DOB |  | Social Security# |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| First | Middle | Last |  | **Occupation** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Spouse Name & Occupation:** |  |  |  |  | DOB |  | Social Security# |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| First | Middle | Last |  | **Occupation** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Dependents Full Names & Relationship to Tax Payer:** |  |  | DOB |  |  | Social Security# |
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| **Current Address:** |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| Street Number |  | City |  | State |  |  | Zip |
|  |  |  |  |  |  |  |  |  |
| **Phone Numbers:** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| ( ) |  | ( ) |  |  |  |  |
| Home |  |  | Cell |  |  | Email Address |  |
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| **Comments:** |  |  |  |  |  |  |  |
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