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|  |  |  | **Client Intake Form 2024**  **Information update.** | | | |  |  |  |
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| **Full Name & Occupation:** | |  |  |  |  | DOB | |  | Social Security# |
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| First | Middle | Last |  | **Occupation** |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
| **Spouse Name & Occupation:** | |  |  |  |  | DOB | |  | Social Security# |
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| 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:** | |  |  |  |  | |  |  |  |
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| Home |  |  | Cell |  |  | | Email Address | |  |
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| **Comments:** | |  |  |  |  | |  |  |  |
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