

CRUISE & ASSOCIATES, INC.

INDIVIDUAL CLIENT INFORMATION

CLIENT NAME _____
Social Sec # _____ - _____ - _____
Date of Birth _____ - _____ - _____
Work Phone # _____ - _____ - _____
EXT _____

Occupation _____
CELL # _____ - _____ - _____
E-Mail: _____

SPOUSE NAME _____
Social Sec # _____ - _____ - _____
Date of Birth _____ - _____ - _____
Work Phone# _____ - _____ - _____
EXT _____

Occupation _____
CELL# _____ - _____ - _____
E-Mail: _____

ADDRESS _____
CITY _____, **STATE** _____ **Zip** _____

HOME PHONE # _____ - _____ - _____

New Clients: Copy of Drivers License and Copy of Social Security cards for all dependents.

Please Enter # of Dependents _____

Dependant's Name(s) **Social Security #(s)** **Date (s) of Birth** **Type** **Months**

(1)	- -	- -		
(2)	- -	- -		
(3)	- -	- -		
(4)	- -	- -		

Type C=Child lived with you S=Child didn't live with you but for whom you had a support agreement G=Grandchild lived with you
P= Parent for whom you provided more than 50% of their support or had multiple support agreement for O= Other

Would you like your return copies to be: Paper, CD, or E-Mailed.

How did you hear of Cruise & Associates?

<input type="checkbox"/> Outside/Street Sign <input type="checkbox"/> Post Card (Tax Mailer) <input type="checkbox"/> Former/Returning Client <input type="checkbox"/> Chamber/Networking <input type="checkbox"/> Yellow Pages (Which Book: _____) <input type="checkbox"/> Referral (From Whom: _____)	<input type="checkbox"/> Email News Letter <input type="checkbox"/> Website (C&A) <input type="checkbox"/> Social Media: <input type="checkbox"/> Facebook, <input type="checkbox"/> LinkedIn, <input type="checkbox"/> Twitter, <input type="checkbox"/> Other <input type="checkbox"/> Online Ad/Marketing <input type="checkbox"/> Workshop/Seminar <input type="checkbox"/> Other (Please Explain: _____)
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I/We represent that all the above information is true and correct. The dependents claimed above meet the support and residency tests under the tax code and are not and cannot be claimed by any other person(s).

X _____ **Date** _____

X _____ **Date** _____