



# Cruise & Associates, Inc.

## Individual Client Information



Client Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

Social Sec # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Social Sec # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Work Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

**New Clients: Please bring a copy of your dependents drivers license and social security card.**

Please enter the number of dependents \_\_\_\_\_

Dependent's Name	Social Security #	Date of Birth	Type	Months

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 \_\_\_\_\_ E-Mailed?

Initial here to opt out of text appointment reminders. \_\_\_\_\_

### How did you hear about Cruise & Associates?

_____ Outside/Street Sign
_____ Former/Returning Client
_____ Yellow Pages (Which Book: _____)
_____ Postcard (Tax Mailer)
_____ Chamber/Networking
_____ Referral (By Whom: _____)

_____ Email Newsletter
_____ Social Media _____ Facebook _____ LinkedIn _____ Twitter
_____ Online Ad/Marketing
_____ Website
_____ Workshop/Seminar
_____ Other _____

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).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

Date \_\_\_\_\_