



Accountant: \_\_\_\_\_

# Cruise & Associates, Inc.

Client ID: \_\_\_\_\_

## Individual Client Information

Primary Name \_\_\_\_\_ Secondary Name \_\_\_\_\_

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

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

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

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

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

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

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

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

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

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

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

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Alternative Phone # \_\_\_\_\_

**New Clients: Please give a copy of your driver's license and social security cards for all of your family members, so the receptionist can make copies of our records.**

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 \_\_\_\_\_ Flash Drive \_\_\_\_\_ E-Mail \_\_\_\_\_ Client Portal

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

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

Outside/Street Sign  
 Former/Returning Client  
 Radio  
 Chamber/Networking  
 Referral (By Whom: \_\_\_\_\_)  
 Email Newsletter

Social Media  Facebook  LinkedIn  
 Online Ad/Marketing/Google  
 Website  
 Workshop/Seminar  
 Other \_\_\_\_\_

I/we acknowledge 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 \_\_\_\_\_