

Client Information Gathering Sheet

ACCOUNT OWNER INFORMATION

Name (First, M, Last, Nickname): _____

SSN: _____

Date of Birth: _____

Gender: Male Female

Marital Status: Single Married Divorced Widowed

Number of Dependents: _____

Residence?: Own Rent

Mailing Address: _____

City: _____

State: _____

Zip: _____

Country: _____

Is This Your Legal Street Address? If Not, Please, Provide: _____

CONTACT INFORMATION

Home: _____

Work: _____

Cell: _____

Fax: _____

Email: _____

TRUSTED CONTACT

Name: _____

Phone: _____

Mailing Address: _____

Email: _____

MISCELLANEOUS:

CPA: _____

Preferred Contact Method: _____

Attorney: _____

Goals: _____

EMPLOYMENT

Employed Retired Student Minor Self Employed Not Currently Employed

Employer's Name: _____

Employer's Address: _____

Nature of Business: _____

Occupation: _____

Years Employed: _____

