Jax Tax Pro
Stephen J. Smith, EA
(904) 616-6077

DATE:_____   REFERRED BY:_____

NAME:_____ DOB: _____

SPOUSE'S NAME:_____ DOB: _____

STREET ADDRESS:_____

CITY, STATE, ZIP:_____

TELEPHONE NUMBER (S): _____

EMAIL ADDRESS:_____

DEPENDENT:_____ DOB:_____

DEPENDENT:_____ DOB:_____

DEPENDENT:_____ DOB:_____

DO YOU OWN REAL ESTATE?	YES	NO
DO YOU HAVE RENTAL PROPERTY (S)?	YES	NO
ARE YOU SELF-EMPLOYED?	YES	NO
INVESTMENTS	YES	NO

BUSINESS OWNER INFORMATION:

BUSINESS NAME:_____

BUSINESS ADDRESS: _____

STREET ADDRESS:_____

CITY, STATE, ZIP CODE:_____

DATE ENTITY FORMED: _____ STATE:_____