

# DeSanti & Associates, Inc.

*A Tax Preparation & Consultancy Firm*

## Client Information

### Client

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_  
(or Home if used)

Email: \_\_\_\_\_

### Spouse

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_  
(or Home if used)

Email: \_\_\_\_\_

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### Address

Street Address: \_\_\_\_\_ Apt/Unit#: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_ / \_\_\_\_\_

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### Dependent #1

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

### Dependent #2

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

Relationship: \_\_\_\_\_