

SLK Financial Services

6260 Jones Road, College Park, Ga 30349
Office – 404.477.7241 Fax – 404.420.2047

Client Profile

Referred by: _____

General (Please Print)

Taxpayer Name _____

SSN _____ - _____ - _____

Birth Date ____/____/____

Street Address _____

City/State/Zip _____/_____/_____

Cell Phone _____ - _____ - _____

Other Phone _____ - _____ - _____

Occupation _____

Email _____

Spouse Name _____

SSN _____ - _____ - _____

Birth Date ____/____/____

Cell Phone _____ - _____ - _____

Other Phone _____ - _____ - _____

Occupation _____

Email _____

Did you have any of the following types of income? Check all that apply.

- Unemployment 1099-MISC (Your Own Business) Interest
 State Income Tax Refund Other Income (Jury Duty, Etc.) Gambling
 Rents, Royalties, Farm Insurance 1099-R (Pension Payments)

Have you received W2s from ALL of your jobs? Yes No

Are you any of the following? Blind Totally Disabled Permanently Disabled

Filing Status

- Single Head of Household Qualified Widow(er)
 Married Filing Separate Married Filing Joint

Dependents (Please Print)

Name (use name SS Admin uses)	Date of Birth	SSN	Relationship	# months in home	Childcare
_____	____/____/____	____-____-____	_____	____	_____
_____	____/____/____	____-____-____	_____	____	_____
_____	____/____/____	____-____-____	_____	____	_____
_____	____/____/____	____-____-____	_____	____	_____

SLK Financial Services will prepare your tax return from the information you have provided. We will not audit or verify the information you furnished to us. You, the taxpayer, are ultimately responsible for the preparation and filing of your tax return.

I, the taxpayer named above, have provided to SLK Financial Services the attached tax information and to the best of my knowledge, this information is true, correct, and complete.

Taxpayer's Signature Date

Spouse's Signature Date

Thank you for allowing us to serve you.

Contact Date: _____