

Freeman Financial Fitness, LLC

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CLIENT AGREEMENT

Client Name: _____ Social Security #: ____-____-____
Client's Occupation: _____ Client Date of Birth: ____/____/____
Spouses Name: _____ Social Security #: ____-____-____
Spouses Occupation: _____ Spouse Date of Birth: ____/____/____

Phone number: (____) ____-____ Best time to call: ____ Latest time to call: ____
Alternative number: (____) ____-____ Alternative number: (____) ____-____

- Copy of last year's return attached
- The address shown on last year's return is still current
- New current address (if applicable): _____

Number of W-2s attached: _____
Other documents attached: Yes No
State of residence: _____ Did you live and work the entire year in this state? Yes No
In no, list other states: _____

Dependents (or persons living in your household), if more than two use the back of this sheet:

Name	Date of birth	Social Security #	-	-
Name	Date of birth	Social Security #	-	-
Name	Date of birth	Social Security #	-	-

I would like to receive additional information on various filing and settlement alternatives such as:

- Electronic Filing
- Direct Deposit or Debit

Checklist of items to leave with the Client Service Coordinator:

- This sheet
- Your W-2s
- Your 1098 and 1099 forms
- Anything else that may be useful in preparing your taxes (deductions, contributions, medical expenses, etc.)
- Please include any questions for your tax professional on the back of this sheet

Client's Printed Name

Client's Signature

Date