

Sutter Tax, Financial & Insurance Services - New Client Intake Sheet

First & Last Name - Primary: DOB:

First & Last Name - Spouse: DOB:

First & Last Name - Dependent: DOB:

First & Last Name - Dependent: DOB:

Name Additional Dependent(s): DOB:

Home Address:

Mailing Address:

Home: Work: Cell:

Email:

Filing: S M MFJ MFS W Deceased _____(Date of death)

Referred by: Client Since:

Type of Client: Tax Retirement Planning Life Insurance Health/Dental

Tax Therapy Website Login: Password:

Insurance Client - Name of Company & Plan(s):

Insurance Policy #: Policy date: Monthly rate:

Client Notes: