

Individual Client Questionnaire

Forms Completed By: _____

Today's Date: _____

Client Information

Legal Name: _____

SS#: _____ **Date of Birth:** _____

Occupation: _____

Employer: _____

Cell Phone: _____ **Email:** _____

Spouse Legal Name: _____

SS#: _____ **Date of Birth:** _____

Occupation: _____

Employer: _____

Cell Phone: _____ **Email:** _____

Home Phone: _____

Physical Address: _____

Billing/Mailing Address (If different): _____

Dependent Information

Legal Name	Social Security #	Date of Birth

Copy of Driver's License(s) or State Identification Card(s)

Over 

Resident City or Township: _____	Firm Name Confirmation: _____ (admin use only)
Resident County: _____	Firm Name Confirmation: _____ (admin use only)
Resident School District: _____	Firm Name Confirmation: _____ (admin use only)

Additional Information

What type of help do you need?

- Tax / Accounting / Financial Planning / Business Development
- Other: _____

Do you have ownership or are you a beneficiary in any of the following?

- Sole Proprietorship / Partnership / C Corporation / S Corporation / Rental Property /
- Farm / Trust/ Other: _____

How did you hear about Sussman and Addis?
