

# Tax Advisory Group

OF JACKSONVILLE, INC.

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## Client Information

Name \_\_\_\_\_ DOB \_\_\_\_\_

SSN \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Alt phone \_\_\_\_\_

Spouse Name \_\_\_\_\_ DOB \_\_\_\_\_

SSN \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Alt phone \_\_\_\_\_

Address \_\_\_\_\_

### Dependents:

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

### Do you:

- Own your home?
- Have rental properties?
- Have investment income?
- Own a business or are you self-employed? \*

### Banking Information:

Bank name \_\_\_\_\_

Routing \_\_\_\_\_ Account \_\_\_\_\_

\* Business Name: \_\_\_\_\_

EIN \_\_\_\_\_ Start Date \_\_\_\_\_

*Handling Your Tax Needs from Start to Finish*