Tax Advisory Group

OF JACKSONVILLE, INC.

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Client Information

Name		Spouse		
DOB		DOB		
SSN		SSN		
Email	<u> </u>	Email		
Phone	,	Phone		
Street Address		City, state, Zip		
Dependents:				
Name	DOB		SSN	<u></u>
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år.				
Do you: ☐ Own your home?☐ Have rental properti				
☐ Have investment inc		1 10 4	1	
Own a business or a	re you self-en	nployed? *		
Banking Information: Bank name				
Routing		ount		
*Business Name:				
EIN		Start Date_		
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Handling Your Tax Needs from Start to Finish