

*Renkemeyer Law Firm, LP*  
THE TAX LAWYERS™



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**CLIENT INFORMATION SHEET**

CLIENT NAME: \_\_\_\_\_ SS# OR TAX ID# \_\_\_\_\_

SECONDARY(BUSINESS)NAME: \_\_\_\_\_ EIN or TAX ID # \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_ SS# OR TAX ID# \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

BUSINESS ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PRIMARY PHONE # \_\_\_\_\_ ALTERNAT PHONE # \_\_\_\_\_  
HOME/CELL/ETC HOME/CELL/ETC

FAX# \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

CONTACT NAME (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

ADDITIONAL CONTACT NAME: \_\_\_\_\_ ID# \_\_\_\_\_

BUSINESS/OTHER CONTACT NAMES: \_\_\_\_\_

OTHER CONTACT NUMBERS # P: \_\_\_\_\_ F: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

E-MAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDITIONAL CONTACT NAME: \_\_\_\_\_ ID# \_\_\_\_\_

BUSINESS/OTHER CONTACT NAMES: \_\_\_\_\_

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MAILING ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

E-MAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_