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CONFIDENTIAL CLIENT QUESTIONNAIRE

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH	SOCIAL SECURITY #	
SPOUSE'S FIRST NAME	M.I.	LAST NAME	SPOUSE'S DATE OF BIRTH	SOCIAL SECURITY #	
MAILING ADDRESS					
CITY			STATE	ZIP CODE	
HOME PHONE		CELL PHONE			
EMAIL ADDRESS		SPOUSE'S EMAIL ADDRESS			
JOB TITLE		SPOUSE'S JOB TITLE			
LAST YEAR, WERE YOU:		LAST YEAR, WAS YOUR SPOUSE:			
A FULL TIME STUDENT	YES	NO	A FULL TIME STUDENT	YES	NO
TOTALLY & PERMENANTLY DISABLED	YES	NO	TOTALLY & PERMENANTLY DISABLED	YES	NO
LEGALLY BLIND	YES	NO	LEGALLY BLIND	YES	NO
CAN ANYONE CLAIM YOU OR YOUR SPOUSE ON THEIR TAX RETURN?				YES	NO
HAVE YOU OR YOUR SPOUSE BEEN A VICTIM OF IDENTITY THEFT?				YES	NO
HAVE YOU OR YOUR SPOUSE ADOPTED A CHILD?				YES	NO
AS OF DECEMBER 31 OF LAST YEAR, WERE YOU:					
SINGLE		MARRIED			
DIVORCED OR LEGALLY SEPARATED		WIDOWED			
DEPENDENTS					
NAME (FIRST LAST)	DATE OF BIRTH	RELATIONSHIP	S.S.N.	LIVES WITH YOU?	
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N
HOW DID YOU HEAR ABOUT US?					