

## MacFarlane and Associates, P.C. Certified Public Accountants

Client ID:	

## 2023 Tax Client Contact Information Form

Taxpayer Name:  Phone Number:E-Mail:		(Please Pfint)	iev. 2 jan 2024 for fax ye
SSN:	Taxpayer Name		
Spouse Name:  Phone Number:E-Mail:	Phone Number:	E-Ma	ail:
Phone Number:E-Mail:	SSN:	DOB:	Occupation:
SSN:DOB:Occupation:  Preferred Contact Method: E-Mail   Text   Phone	Spouse Name: _		
Preferred Contact Method: E-Mail   Text   Phone	Phone Number:	E-Ma	ail:
Address:  City:State:Zip:  How did you hear about us?  Dependent Information: (please list additional dependents on  1. Name DOB:  Type Son Daughter or Other:  SSN  2. Name DOB:  Type Son Daughter or Other:	SSN:	DOB:	Occupation:
Address:  City:State:Zip:  How did you hear about us?  Dependent Information: (please list additional dependents on  1. Name DOB:  Type Son Daughter or Other:  2. Name DOB:  Type Son Daughter or Other:	Preferred Contact Met	od: E-Mail 🗆 Text 🗆	Phone (Please enter a name)
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Type Son □ Daughter □ or Other:□	551		
	2. Name		DOB:
	Type	Son 🗖 Daughter 🗖 (	or Other:□
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3. Name DOB	3. Name		DOB
	_		<b>-</b>
Type Son Daughter or Other: SSN		Son □ Daughter □ o	or Other: —