



CLIENT INFORMATION FORM

WELCOME TO CURVIN ACCOUNTING, LLC

706 Mountain St NW, Jacksonville, AL 36265 * 256-782-1188

We appreciate the opportunity to work with you and look forward to serving your tax and accounting needs. In order to provide you with prompt and efficient service we ask that you provide the following information:

CLIENT CONTACT INFORMATION

FIRST NAME MIDDLE NAME (or initial)

LAST NAME

DATE OF BIRTH

HOME PHONE OFFICE PHONE

CELL PHONE (Required)

EMAIL (We do NOT share your emails with any outside parties. Please provide the email you prefer to use for correspondence with our office.)

SPOUSE'S CONTACT INFORMATION (required if married)

FIRST NAME MIDDLE NAME (or initial)

LAST NAME

DATE OF BIRTH

HOME PHONE OFFICE PHONE

CELL PHONE (Required)

EMAIL (We do NOT share your emails with any outside parties. Please provide the email you prefer to use for correspondence with our office.)

NOTE: Your Social Security number is REQUIRED for tax filing purposes. Please provide the COMPLETE number(s).

Client SSN

Spouse SSN

MAILING ADDRESS:

Street City ST ZIP

CLIENT DRIVER LICENSE INFORMATION (required)

Driver's License Number

Issuing State

Issue Date

Expiration Date

SPOUSE'S DRIVER LICENSE INFORMATION (required if married)

Driver's License Number

Issuing State

Issue Date

Expiration Date

REFERRAL INFORMATION

Whom may we thank for referring you to our office? _____

THANK YOU!

We appreciate your business!