

THE LAW OFFICE OF
J.D. BROWN, P.C.

Legal and Tax Resolutions

CLIENT INFORMATION FORM

This form contains form fields that you may type on for your convenience.

DATE		
FULL NAME		
DATE OF BIRTH		SOCIAL SECURITY #
PHONE NUMBER		EMAIL
ADDRESS		
CITY	STATE	ZIP CODE
OCCUPATION		

SPOUSE NAME	
SPOUSE DATE OF BIRTH	SPOUSE SOCIAL SECURITY #
PHONE NUMBER	EMAIL
OCCUPATION	

DEPENDANT INFORMATION			
NAME	SOCIAL SECURITY #	DOB	RELATIONSHIP

THE LAW OFFICE OF
J.D. BROWN, P.C.

Legal and Tax Resolutions

BUSINESS INFORMATION (IF APPLICABLE)		
COMPANY NAME		EIN #
ENTITY TYPE C ___ S ___ LLC ___ GP ___ PC ___ LP ___		DATE BUSINESS STARTED
ADDRESS		
CITY	STATE	ZIP
TELEPHONE	EMAIL	

DESIRED SERVICES
AUDIT REPRESENTATION _____ INNOCENT SPOUSE RELIEF _____ OTHER IRS ISSUE _____
WILL _____ TRUST _____ GUARDIANSHIP _____ CONSERVATORSHIP _____ ESTATE PLANNING _____
ASSET PROTECTION _____ INCORPORATION _____ CONTRACT FORMATION _____ MERGERS & ACQUISITIONS _____ BUY/SELL AGREEMENT _____