

Client Data Form

Individual Taxpayer Information

Please provide the following information so that I may setup your client profile:

Taxpayer Information:

1. Full Name
2. Date of Birth
3. Social Security Number
4. Occupation

Spouse:

1. Full Name
2. Date of Birth
3. Social Security Number
4. Occupation

Dependents:

Dependent #1

- a. Full Name
- b. Date of Birth
- c. Social Security Number
- d. Relationship Son Daughter Mother Father Grandparent Other

Dependent #2

- a. Full Name
- b. Date of Birth
- c. Social Security Number
- d. Relationship Son Daughter Mother Father Grandparent Other

Dependent #3

- a. Full Name
- b. Date of Birth
- c. Social Security Number
- d. Relationship Son Daughter Mother Father Grandparent Other

Other Information:

Filing Status Single Married Head of Household Widow

Home Address

State of Residence on 12/31/2024

Phone Number

Email Address

Identity Theft PIN (If applicable)

Is there a blind resident in your household? Yes

Additionally, please scan a copy of you and your spouse's drivers license or state-issued I.D. for taxpayer identification purposes.



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To protect your personal information, please do not send this via email!

To securely submit this form, an *Intuit Link* account has been set up for you.

To login, go to your email and follow the instructions provided by Intuit.

First time users will need to create a Username and Password.

Once logged in, upload documents and IDs using the Add Document icon.