

Please complete all applicable fields.

TAXPAYER INFORMATION

FIRST NAME:		LAST NAME:	
SSN:		DATE OF BIRTH:	

SPOUSE INFORMATION

FIRST NAME:		LAST NAME:	
SSN:		DATE OF BIRTH:	

DEPENDENT INFORMATION

FIRST NAME:		LAST NAME:	
SSN:		DATE OF BIRTH:	
FIRST NAME:		LAST NAME:	
SSN:		DATE OF BIRTH:	
FIRST NAME :		LAST NAME:	
SSN:		DATE OF BIRTH:	
FIRST NAME:		LAST NAME:	
SSN:		DATE OF BIRTH:	

CONTACT INFORMATION

HOME PHONE:		TAXPAYER CELL:	
TAXPAYER WORK PH:		SPOUSE CELL:	
TAXPAYER EMAIL:		SPOUSE EMAIL:	
ADDRESS:			
CITY:		STATE:	
ZIP CODE:		COUNTRY:	
EMERGENCY CONTACT : (Name and Phone)			
REFERRED BY:			
PREFERRED CONTACT:			

PREFERENCES

Preferred contact method:

<input type="checkbox"/> Taxpayer Email	<input type="checkbox"/> Taxpayer Work Phone
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Spouse Email
<input type="checkbox"/> Taxpayer Cell Phone	<input type="checkbox"/> Spouse Cell Phone

Would you like free, 24/7 digital access to your tax return and other items through our portal?

Yes No

If yes, would you like it associated with the taxpayer or spouse email address listed above?

Are you a client of Gough Financial Group (GFG)?

Yes No

Would you like to keep a credit card or bank account on file with us for easy and seamless bill payment?

Yes No

If yes, we will contact you to collect the specific information in order to protect your information.