



James Ridout CPA
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Client Information

Name: _____ DOB: _____ SSN: _____

Spouse's Name: _____ DOB: _____ SSN: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Driver's License # _____ Issued: _____ Exprs _____

Passport # (If Applicable) _____ Issued: _____ Exprs _____

Dependents:

Name _____ DOB _____ SSN: _____

Name _____ DOB: _____ SSN: _____

Name _____ DOB: _____ SSN: _____

Business Name: _____ EIN: _____

Street Address (If Different) _____

City, State, Zip Code (If different) _____

Occupation: _____ Spouse Occupation: _____

Check Applicable:

- | | | |
|-------------------------------------------|---------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Own Home | <input type="checkbox"/> Married this Year | <input type="checkbox"/> IRS PIN |
| <input type="checkbox"/> Rent | <input type="checkbox"/> Moved this Year | <input type="checkbox"/> Rent Income |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Sold Home | <input type="checkbox"/> Investment Income |
| <input type="checkbox"/> Obama Care | <input type="checkbox"/> Received Tax Forms | <input type="checkbox"/> SS/Unemployment |