

DELTA ACCOUNTING SERVICES

347C New Leicester Highway

Asheville, NC 28806

(828) 505-4921 Office

(828) 505-4922 FAX

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receptionist@garrettandassociates.com

CLIENT INFORMATION FORM:

Clients Name: _____ Spouse: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Phone: _____ Cell: _____

Work #: _____

Occupation: _____ Spouse: _____

Email: _____

SSN# _____ DOB: _____

Spouse: _____ DOB: _____

NOTE: Must provide copy of driver's license and social security card for primary or spouse (or acceptable identification). Also, two forms of ID for all dependents (i.e., social security card, birth certificate, school ID, medical records, etc.)

Dependents:

Name: _____

SSN# _____ DOB: _____

Name: _____

SSN# _____ DOB: _____

Name: _____

SSN# _____ DOB: _____

Name: _____

SSN# _____ DOB: _____