



PATHWAY FINANCIAL

TAX & NOTARY SERVICES

YOUR PATHWAY TO FINANCIAL STABILITY

AGENT:		Date:
Referred By:		Walk In? Yes <input type="checkbox"/> No <input type="checkbox"/>

Filing Status				
Single <input type="checkbox"/>	Married Filing Jointly <input type="checkbox"/>	Married Filing Separate <input type="checkbox"/>	Head of Household <input type="checkbox"/>	Qualifying Widow <input type="checkbox"/>

Client Information				
Name:			SSN#	
Date of Birth:		Marital Status:		
Street Address:				
City:		State:	Zip:	
Phone:		Carrier:		
Email Address:				
Driver's License State:	Driver's License #		Issue Date:	Exp. Date:
Employer:				
Title/Occupation:				
Street Address:				
City:		State:	Zip:	
Bank Acct. #		Routing #		
Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Name of Bank:		

Spousal Information				
Name:			SSN#	
Date of Birth:		Marital Status:		
Street Address:				
City:		State:	Zip:	
Phone:		Carrier:		
Email Address:				
Driver's License State:	Driver's License #		Issue Date:	Exp. Date:
Employer:				
Title/Occupation:				

Street Address:		
City:	State:	Zip:
Bank Acct. #	Routing #	
Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Name of Bank:

Dependent Information		
Full Name:	SSN#	
Date of Birth:	Relationship:	# of months lived with you:
Full Name:	SSN#	
Date of Birth:	Relationship:	# of months lived with you:
Full Name:	SSN#	
Date of Birth:	Relationship:	# of months lived with you:
Full Name:	SSN#	
Date of Birth:	Relationship:	# of months lived with you:

Dependent Care Information		
Dependent Care or Day Care Name:	EIN/SSN#	
Street Address:		
City:	State:	Zip:

Hobbies & Interest
Hobbies:
Interests:
What are your plans with your return?

Financial Counseling Info (Check all that apply)		
Do you owe any Government Entity? Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability Income? Yes <input type="checkbox"/> No <input type="checkbox"/>	401K? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you file all of your prior years taxes? Yes <input type="checkbox"/> No <input type="checkbox"/>	Car Purchase? Yes <input type="checkbox"/> No <input type="checkbox"/>	Investments? Yes <input type="checkbox"/> No <input type="checkbox"/>

Seeking Financial Advice? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you an IRS agent/ affiliate/associate/informant? Yes <input type="checkbox"/> No <input type="checkbox"/>	
New Home Purchase for this year? Yes <input type="checkbox"/> No <input type="checkbox"/>	Debt Elimination? Yes <input type="checkbox"/> No <input type="checkbox"/>	Build Credit? Yes <input type="checkbox"/> No <input type="checkbox"/>

By signing below, I acknowledge that all information on this document is correct, to the best of my knowledge.

Tax Payer
Print Name: _____

Tax Payer
Signature: _____

Spouse
Print Name: _____

Spouse
Signature: _____

Agent NOTES