Don Brooks & Associates, Inc.
152 Deming Street
South Windsor, CT 06074
860-648-4002
www.donbrooksassoc.com Date:_____

Name:_____	Name:_____
Address:_____	Address:_____
_____	_____
Home Phone:_____	Home Phone:_____
Work Phone:_____	Work Phone:_____
Cell Phone:_____	Cell Phone:_____
SSN:_____	SSN:_____
DOB: _____	DOB: _____
Drivers License:_____	Drivers License: _____
Issuing State: _____	Issuing State: _____
Issue Date:_____	Issue Date: _____
Expiration Date:_____	Expiration Date:_____
E-Mail:_____	E-Mail: _____

☐ Please check off who should be listed first on a Tax Return. ☐

We email our clients a monthly newsletter and weekly tax tips. What email address would you like us to send them to:

Taxpayer _____ Spouse _____ Both _____ Do Not Send _____

How did you hear about us? _____

Office Use Only Below This Line:

Client ID: _____ Practice _____ Birthday/Xmas List _____ Newsletter _____ Preparer _____