

NEW CLIENT INFORMATION FORM

Date _____

Who referred you to AEL Consulting? _____

Name (Client A) _____ Spouse/Partner (Client B) _____

Street Address _____

City _____ State _____ Zip _____

Client A

Mobile phone _____ Business phone _____

E-mail address: _____

Date of birth _____

SSN _____ DL # & State _____

Client B

Mobile phone _____ Business phone _____

E-mail address _____

Date of birth _____

SSN _____ DL # & State _____

Dependent Children:

Child's Name	SSN	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE FILL OUT THIS SECTION IF YOU OWN A BUSINESS

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Type of business _____

Sole proprietorship _____

Partnership _____

C-Corp _____

S-Corp _____

LLC _____

Estate _____

Other, please specify _____

Primary business activity _____

Date of incorporation, if applicable _____

Tax year end (MM/DD) _____

Federal Tax ID _____ State tax ID _____