

**TAX HELP DOCTOR, LLC**  
**CONTACT INFORMATION NEEDED**

Client's Complete Name: \_\_\_\_\_

Client' Social Security Number/Date of Birth: \_\_\_\_\_

Spouse's Complete Name: \_\_\_\_\_

Spouse's Social Security Number/Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Day time telephone number for primary contact person: \_\_\_\_\_

Cell phone number for primary contact person: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Any other phone number you can be reached: \_\_\_\_\_

Children's names, Date of births, Ages & Social Security Numbers:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Name of business: \_\_\_\_\_

Employer Identification number for business \_\_\_\_\_

**TYPE OF ASSISTANCE NEEDED** (Briefly describe what you want the firm to do for you)

RETURNS PREPARED \_\_\_\_\_ HELP WITH AUDIT \_\_\_\_\_ COLLECTION PROBLEMS \_\_\_\_\_

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Return via mail, e-mail or fax:

Tax Help Doctor, 70 Comfort Lane, Dahlonega, GA 30533

Phone 404-542-5876 Fax 706-867-9892 E-mail: david@taxhelpdoctor.com