



CLIENT PROFILE > INDIVIDUAL

At Laciak>CPA, our relationship begins by ensuring that we have timely, complete and accurate information pertaining to you and your family. Please take a few minutes to complete this confidential profile and mail to our address below, or fax it to us at (219) 864-7007. If you have any questions, please call us at (219) 864-7000.

Taxpayer Information				
First Name:	Middle Initial:	Last Name:		
SS#:	Birth Date:	Marital Status:		
Street Address:				
City:	State:	Zip:		
Occupation:			Home Phone:	
Work Phone:	Mobile:	Fax:		
Email:			Preferred Contact Method:	
Spouse Information				
First Name:	Middle Initial:	Last Name:		
SS#:	Birth Date:			
Occupation:			Work Phone:	
Email:			Mobile:	
Dependents				
First Name:	Last Name:	Birth Date:	SS#:	Relationship:
First Name:	Last Name:	Birth Date:	SS#:	Relationship:
First Name:	Last Name:	Birth Date:	SS#:	Relationship:
First Name:	Last Name:	Birth Date:	SS#:	Relationship:
Previous CPA				
Firm:			Accountant:	
Address:				
City:	State:	Zip:	Phone:	
Reason for changing accounting firms:				
Other Information				
How did you learn about Laciak>CPA?			Who referred you?	
Other Information:				
Profile Completed By:			Date Profile Completed:	