New Client Onboarding

For Accepted Clients Only

WAYPOINT PARTNERS PLLC

Client Information

Client Name:			
Social Security Number:		Date of Birth:	
Mobile Phone:		Home/Landline:	
Email address:			

Spouse Information *(If Applicable)*

Spouse Name:			
Social Security Number:		Date of Birth:	
Mobile Phone:		Home/Landline:	
Email Address:			

Primary Address

Street Address:			
Address Line 2:		City:	
State:		Zip Code:	

Alternate Mailing Address *(If Applicable)*

Street Address:			
Address Line 2:		City:	
State:		Zip Code:	

Dependent Information (Please complete one section for each dependent.)

Dependent 1 Name:

Social Security Number: Date of Birth:

Relationship to Tax Payer(s):

☐ Full-Time Student ☐ Permanently & Totally Disabled ☐ Share Custody

*If shared custody, please provide documentation or describe the custody agreement regarding who claims this dependent on tax returns.

Dependent 2 Name:

Social Security Number: Date of Birth:

Relationship to Tax Payer(s):

☐ Full-Time Student ☐ Permanently & Totally Disabled ☐ Share Custody

*If shared custody, please provide documentation or describe the custody agreement regarding who claims this dependent on tax returns.

Dependent 3 Name:

Social Security Number: Date of Birth:

Relationship to Tax Payer(s):

☐ Full-Time Student ☐ Permanently & Totally Disabled ☐ Share Custody

*If shared custody, please provide documentation or describe the custody agreement regarding who claims this dependent on tax returns.

Dependent 4 Name:

Social Security Number: Date of Birth:

Relationship to Tax Payer(s):

☐ Full-Time Student ☐ Permanently & Totally Disabled ☐ Share Custody

*If shared custody, please provide documentation or describe the custody agreement regarding who claims this dependent on tax returns.
