



MELISSA M. MEDLOCK

CERTIFIED PUBLIC ACCOUNTANT

Individual Data Gathering Form

Client Name: _____

Date: _____

Address: _____

Telephone Number: _____ Email Address: _____

Preferred Method of Contact: _____ Preferred time of contact: _____

Occupation: _____ Spouse Occupation (if applicable): _____

- Please provide your Name, Social Security Number and Date of Birth of your spouse, and all Dependents (if applicable).

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Yes No N/A

- Are you, your spouse, (if applicable) and all dependents current U.S. citizens?

___ ___

- Do you or your spouse (if applicable) own a business?

___ ___

- Do you or your spouse (if applicable) own any rental properties?

___ ___

- Do you or your spouse (if applicable) own any stocks, bonds or mutual funds?

___ ___

- If you have established relationships with the following advisors, please list their name and contact number of the advisor.

Financial Planner

Stock Broker

Insurance Agent

- Are you helping support a parent or other relative?

___ ___ ___

- Are you covered by a 401(k), 403(b), or other type of employer-provided tax favored retirement plan?

___ ___ ___

- Did you have any immediate or future concerns you would like to discuss with us?

___ ___

- If yes, please list them below.

- How did you hear about us? Did someone refer you?
