

RiCora Financial Services
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Personal and Family Information Questionnaire

Client _____ Soc Sec # _____
DOB _____
Occupation _____
Spouse _____ Soc Sec # _____
DOB _____
Occupation _____
Address _____ City, St, Zip _____
Phone (H) _____ (C) _____
E-Mail _____

Family information (Dependents)

Name _____ DOB _____
Relationship _____ SSN _____
Name _____ DOB _____
Relationship _____ SSN _____
Name _____ DOB _____
Relationship _____ SSN _____
Name _____ DOB _____
Relationship _____ SSN _____

Did you and your entire household have Minimum Essential Coverage (Health Insurance) for the entire year?

YES _____ NO _____

Consent to Use Personal Tax Return information

Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return. This includes other services we provide from this office such as insurance products, prepaid legal plans, and estate planning. The preparation of your income tax return is not dependent on your consent/non-consent. Please indicate below your consent/non-consent.

_____ Consent. _____ Do not consent.