

New Client Organizer

Client Name: _____

Date: _____



J Leif Jensen and Associates, Ltd.

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PERSONAL INFORMATION

Client A (First/Middle/Last) _____

Sex _____ Social Security Number _____ Date of Birth ____ / ____ / ____

Client B (First/Middle/Last) _____

Sex _____ Social Security Number _____ Date of Birth ____ / ____ / ____

Married? Yes No

Name to Appear on Reports _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

E-mail _____

OCCUPATION

Client A's Job Title _____ Employer _____

Address _____ City _____ State ____ Zip ____

Phone (____) _____ Ext. _____ Fax (____) _____ E-mail _____

Client B's Job Title _____ Employer _____

Address _____ City _____ State ____ Zip ____

Phone (____) _____ Ext. _____ Fax (____) _____ E-mail _____

DEPENDENTS

First Name	Date of Birth	Dependant of		Social Security Number
		Client A	Client B	
_____	____ / ____ / ____	Y / N	Y / N	_____ - _____ - _____
_____	____ / ____ / ____	Y / N	Y / N	_____ - _____ - _____
_____	____ / ____ / ____	Y / N	Y / N	_____ - _____ - _____
_____	____ / ____ / ____	Y / N	Y / N	_____ - _____ - _____
_____	____ / ____ / ____	Y / N	Y / N	_____ - _____ - _____

Advisor	Address	Phone Number
<i>Attorney</i>		
<i>Accountant</i>		
<i>Stock Broker/Money Manager</i>		
<i>Financial Advisor</i>		
<i>Insurance Agent</i>		
<i>Other</i>		
<i>Other</i>		

DOCUMENTS REQUESTED

Please provide copies of the following documents:

PERSONAL

- Income tax returns for the past 2 years
- W-2's
- 1099's (INT, DIV, MISC, R and B)
- 1098's
- K-1's
- Rental property information
- Property Tax Bills
- SSA - 1099
- Capital Gain/Loss Basis
- Charitable Contribution details
- Medical Expense details

BUSINESS

- Income tax returns for the past 2 years
- Financial statements
- Business agreements
- Pension or profit sharing plan
- Leases as lessor or lessee
- Employee benefit booklets