



# 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?

\_\_\_\_\_