



Astron Business and Tax Services, LLC

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Date: _____

Client Information Form

Referred: _____

E-Mail: _____ OR _____

Taxpayer:

Name: _____ Social Security #: _____

D.O.B: _____ Marital Status: _____ Anniversary Date: _____

Address: _____ County: _____ Own: _____ Rent: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell#: _____ Work: _____

Drivers License #: _____ State: _____ Ex Date: _____ Issue Date: _____

Employer/Business _____ Years: _____ Months: _____

Address: _____ City/State/Zip: _____

Job Title: _____ Telephone #: _____

Spouse:

Name: _____ Social Security #: _____

D.O.B: _____ Marital Status: _____ Anniversary Date: _____

Address: _____ County: _____ Own: _____ Rent: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell#: _____ Work: _____

Drivers License #: _____ State: _____ Ex Date: _____ Issue Date: _____

Employer/Business _____ Years: _____ Months: _____

Address: _____ City/State/Zip: _____

Job Title: _____ Telephone #: _____

Taxpayer:

Nearest Relative(s):

Spouse:

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Dependents Name:

Relationship

D.O.B

Social Security #:

Name: _____ D.O.B: _____ S.S. #: _____

Name: _____ D.O.B: _____ S.S. #: _____

Name: _____ D.O.B: _____ S.S. #: _____

Name: _____ D.O.B: _____ S.S. #: _____

I would like additional information on the following topics.

Real estate New Business Tax Planning Will Business Planning

Permits Foreign Taxes Tax Changes Payroll Other

Notes: _____

Business Name _____