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**CLIENT INFORMATION**

**DATE:** \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: HOME: ( ) \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

**DEPENDENTS:**

| <u>NAME</u> | <u>DATE OF BIRTH</u> | <u>SOCIAL SECURITY#</u> |
|-------------|----------------------|-------------------------|
| _____       | _____                | _____                   |
| _____       | _____                | _____                   |
| _____       | _____                | _____                   |
| _____       | _____                | _____                   |

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

**BUSINESS INFORMATION (ARE YOU A BUSINESS OWNER?)**

COMPANY NAME: \_\_\_\_\_

EIN # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_

SHAREHOLDERS: \_\_\_\_\_