

Please e-mail this form to [WendyeT@LouRay.com](mailto:WendyeT@LouRay.com) or Fax to 330-220-1378



## CLIENT INFORMATION REQUEST FORM

1378 Pearl Road  
Brunswick OH 44212  
[www.LouRay.com](http://www.LouRay.com)  
Fax 330-220-1378

DATE \_\_\_\_\_

Client Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Information requested: (in case of business, request must be from partner, shareholder or officer)

Financial Statements: Month end dates \_\_\_\_\_

Business Tax Return: Company Name \_\_\_\_\_

Year end dates \_\_\_\_\_

Individual Tax Return: Year end dates \_\_\_\_\_

Other \_\_\_\_\_

Forward to:

Name \_\_\_\_\_

Company \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

This is to authorize Lou-Ray Associates to forward the above information, on my behalf, to the company/individual listed.

SIGNATURE \_\_\_\_\_

### OFFICE USE ONLY

Preparer (initials) \_\_\_\_\_ Date \_\_\_\_\_ Invoice attached (initials) \_\_\_\_\_