

DAKOTALAND FINANCIAL SERVICES LLC  
CLIENT INFORMATION FORM

TAXPAYER INFORMATION

FIRST	MIDDLE INITIAL	LAST
SOCIAL SECURITY NUMBER	BIRTHDATE	PHONE NUMBER
ADDRESS		
EMAIL ADDRESS	OCCUPATION	

SPOUSE INFORMATION

FIRST	MIDDLE INITIAL	LAST
SOCIAL SECURITY NUMBER	BIRTHDATE	PHONE NUMBER
<input type="checkbox"/> SAME AS ABOVE OR ADDRESS	OCCUPATION	

DEPENDENT INFORMATION

FIRST	MIDDLE INITIAL	LAST
SOCIAL SECURITY NUMBER	BIRTHDATE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FIRST	MIDDLE INITIAL	LAST
SOCIAL SECURITY NUMBER	BIRTHDATE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FIRST	MIDDLE INITIAL	LAST
SOCIAL SECURITY NUMBER	BIRTHDATE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

**ADDITIONAL PAGE OF DEPENDENTS**

TAXPAYER SIGNATURE	DATE	SPOUSE SIGNATURE	DATE
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INFORMATION REVIEWED (INITIAL & DATE)				
<input type="checkbox"/> 2022	<input type="checkbox"/> 2023	<input type="checkbox"/> 2024	<input type="checkbox"/> 2025	<input type="checkbox"/> 2026