



Kam Financial Group LLC  
 241 E COMMERCIAL BLVD, STE 402 OAKLAND PARK, FL 33334  
 PHONE: 954-780-3677 OR TOLL FREE: 800-498-3147

EMAIL: [TAXSERVICES@KAMFINANCIALGROUP.COM](mailto:TAXSERVICES@KAMFINANCIALGROUP.COM) WEBSITE: [WWW.KAMFINANCIALGROUP.COM/TAX](http://WWW.KAMFINANCIALGROUP.COM/TAX)

**CLIENT'S INFORMATION**

Driver's License # .....

First Name:..... MI..... Last Name:.....

Street Address..... City..... St.....

Zip Code:..... Home Phone.....

Cell #..... DOB..... SSN.....

Marital Status: Married..... Separated..... Single..... Divorce.....

Spouse's Name:..... DOB.....

Cell #..... SSN.....

**DEPENDENT'S INFORMATION**

How many dependents?.....

1. Name:.....

SSN..... DOB..... Sex?: Male or Female

Relationship?.....

2. Name:.....

SSN..... DOB..... Sex?: Male or Female

Relationship?.....

3. Name:.....

SSN..... DOB..... Sex?: Male or Female

Relationship?.....

I ATTEST BY SIGNING BELOW THAT ALL THE INFORMATION PROVIDED TO Kam Financial Group LLC. IS TRUE AND COLPLETE TO THE BEST OF MY KNOWLEDGE.

Signature:..... Today's Date:.....



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## GENERAL RELEASE

I,..... hereby release any/and all individuals or institutions including Kam Financial Group LLC, it's officers, employees, related personnel, agents, or sub agents both individually and collectively, from any expressed and/or all liability for damages of any kind such as fault etc. Which may result to me because of inaccurate information that I may have provided during the preparation, and execution of tax services provided by Kam Financial Group LLC., its officers, employees, related personnel, agents, or sub agents that I gave consent to.

I..... Have reviewed, verified, and consented to all the information in or attached to my tax return and related schedules. I take full responsibilities for and all inaccuracies that may exist, and damages that may arise as a result of this tax preparation. I hereby agree that an electronic, photocopy, online form submission or facsimile of my signature shall be deemed as binding, valid, genuine, and authentic as an original release and signature for all purposes.

Print Name: .....

Signature: ..... Date: .....