

**Bayley Davis Associates, Inc.**  
**Confidential Client Information Form**

Fax this form to: (206) 937-7416.

To protect your information, please do not scan and email this form to us.  
*PLEASE PRINT ACCURATELY AND LEGIBLY.*

Date \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_

Occupation \_\_\_\_\_

DoB \_\_\_\_\_

Spouse \_\_\_\_\_

SSN \_\_\_\_\_

Occupation \_\_\_\_\_

DoB \_\_\_\_\_

Dependant/Child \_\_\_\_\_

SSN \_\_\_\_\_

\_\_\_\_\_

DoB \_\_\_\_\_

Dependant/Child \_\_\_\_\_

SSN \_\_\_\_\_

\_\_\_\_\_

DoB \_\_\_\_\_

Dependant/Child \_\_\_\_\_

SSN \_\_\_\_\_

\_\_\_\_\_

DoB \_\_\_\_\_

Home Address \_\_\_\_\_

Business Name & Address (If Self Employed) \_\_\_\_\_

\_\_\_\_\_

Phone Numbers

Home \_\_\_\_\_

Work \_\_\_\_\_

Fax \_\_\_\_\_

Cell \_\_\_\_\_

Spouse Work \_\_\_\_\_

Cell \_\_\_\_\_

Email address(s) \_\_\_\_\_

IF SELF-EMPLOYED PLEASE FILL IN ANY APPLICABLE INFO BELOW

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

UBI# \_\_\_\_\_

L&I Acct # \_\_\_\_\_

ES Ref # \_\_\_\_\_