ClearView Financials

Member / Partner Information Form

(718) 360-5470
info@clearviewfinancials.co

Complete one block per member or partner. Type directly into this PDF, save it, then upload it with your other tax documents using the secure link we provided. Do not email this form.

Sensitive information
This form collects SSN/EIN. Share it only through our secure upload link — never by email or text.

Member / Partner 1

FULL LEGAL NAME

SSN OR EIN | OWNERSHIP % | DATE JOINED (MM/DD/YYYY)

STREET ADDRESS

CITY | STATE | ZIP

PHONE | EMAIL

Member / Partner 2

FULL LEGAL NAME

SSN OR EIN | OWNERSHIP % | DATE JOINED (MM/DD/YYYY)

STREET ADDRESS

CITY | STATE | ZIP

PHONE | EMAIL

Member / Partner 3

FULL LEGAL NAME

SSN OR EIN | OWNERSHIP % | DATE JOINED (MM/DD/YYYY)

STREET ADDRESS

CITY | STATE | ZIP

PHONE | EMAIL

Member / Partner 4

FULL LEGAL NAME

SSN OR EIN | OWNERSHIP % | DATE JOINED (MM/DD/YYYY)

STREET ADDRESS

CITY | STATE | ZIP

PHONE | EMAIL

Have more than four members or partners? Please print additional copies of this page for the remaining members.