



NEW CLIENT INFORMATION FORM

Personal Contact Information

Full Name: _____ Spouse Name: _____

Occupation: _____ Spouse Occupation: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Other Information: _____

Home Phone: (_____) _____ Your email: _____

Cell Phone: (_____) _____ Spouse cell: (_____) _____

Work Phone: (_____) _____ Spouse email: _____

Primary contact person for tax related matters? _____

Preferred PHONE and EMAIL to be used by us? _____

Your Date of Birth ____ / ____ / ____ Spouse's Date of Birth ____ / ____ / ____

Your SSN: _____ - _____ - _____ Spouse's SSN: _____ - _____ - _____

Dependent Information

1. Full Name _____
Date of Birth ____ / ____ / ____
SSN _____ - _____ - _____

3. Full Name _____
Date of Birth ____ / ____ / ____
SSN _____ - _____ - _____

2. Full Name _____
Date of Birth ____ / ____ / ____
SSN _____ - _____ - _____

4. Full Name _____
Date of Birth ____ / ____ / ____
SSN _____ - _____ - _____



Service-Related Questions

How did you hear about us? _____

Referred by: _____

What do you desire from your advisor (what are your endeavors)? _____

What concerns you most, or what is the most important focal point for you regarding your tax compliance, business, and/or finances? _____

Please checkmark which services you require or would like to learn more about.

- ❖ Tax Return Preparation Services _____
- ❖ Tax Remediation (repair) Services _____
- ❖ Tax Planning _____
- ❖ Business Advisory Services _____
- ❖ Accounting & Management Oversight _____
- ❖ Bookkeeping & Payroll _____

Notes & Other Information:
