

New Client Information Form

Name(s) _____

Preferred Phone(s) _____

Preferred Email(s) _____

Address _____

City, State, Zip _____

How did you hear about us?

Have you used a tax preparer before? If yes, please tell us why you are switching; if not, please tell us why you are looking for a CPA.

Client Information:

Taxpayer: DOB _____

Spouse: DOB _____

Dependents _____

Occupation _____

Sources of Income _____

Do you own a business? If yes, what industry and what type of tax entity is it?

Areas of Concern/Items to Note

Anything else you would like us to know?