



NEW CLIENT QUESTIONNAIRE

Taxpayer Full Name _____ **Occupation** _____ **DOB** _____
Spouse Full Name _____ **Occupation** _____ **DOB** _____
MAIL ATTN TO: _____
STREET ADDRESS _____
CITY, STATE, ZIP _____

MAILING ADDRESS (IF DIFFERENT) _____

RESIDENT COUNTY _____

DEPENDENT NAME _____ **DOB** _____
DEPENDENT NAME _____ **DOB** _____
DEPENDENT NAME _____ **DOB** _____

PHONE NUMBERS (WORK) _____ **(CELL)** _____
PRIMARY CONTACT NAME _____
EMAIL ADDRESS _____

Business Information (complete only if you are a business owner)

BUSINESS NAME _____
FEDERAL ID NUMBER: _____
BUSINESS TYPE (CIRCLE ONE) C CORP S CORP PARTNERSHIP SINGLE MEMBER LLC
PRIMARY BUSINESS ACTIVITY: _____

INSIDE ACCOUNTANT _____ **PHONE** _____
EMAIL ADDRESS _____

SHAREHOLDERS/PARTNERS:

NAME _____ **OWNERSHIP %** _____
STREET ADDRESS _____
CITY, STATE, ZIP _____

NAME _____ **OWNERSHIP %** _____
STREET ADDRESS _____
CITY, STATE, ZIP _____

NAME _____ **OWNERSHIP %** _____
STREET ADDRESS _____
CITY, STATE, ZIP _____

NAME _____ **OWNERSHIP %** _____
STREET ADDRESS _____
CITY, STATE, ZIP _____

BOOKKEEPING SERVICES: (CIRCLE ONE) MONTHLY QUARTERLY YEARLY

ESTIMATED PRICE QUOTE _____
(BILLED BASED ON AVG TIME SPENT)

REFERRED BY: _____