



NEW CLIENT INFORMATION SHEET

Tax Payer's Legal Name: First \_\_\_\_\_ Last \_\_\_\_\_ Middle Initial \_\_\_\_\_

Spouse's Legal Name: First \_\_\_\_\_ Last \_\_\_\_\_ Middle Initial \_\_\_\_\_

Business Name: \_\_\_\_\_

Second Business Name (DBA): \_\_\_\_\_

Address #1: \_\_\_\_\_

Address #2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name/Salutation: \_\_\_\_\_

<p>Phone Numbers:</p> <p>Cell 1: _____</p> <p>Cell 2: _____</p> <p>Home: _____</p> <p>Business: _____</p> <p>Fax: _____</p> <p>E-mail 1: _____</p> <p>E-mail 2: _____</p> <p>(If married, 2 email addresses needed for e-signature)</p>	<p>How did you hear about us?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> United States Veteran or Active Military?</p>
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Check if QuickBooks User

Entity Type: \_\_\_\_\_ Date of Incorporation/S-Corp Election Date: \_\_\_\_\_

Client's EIN: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Client's SSN: \_\_\_\_\_ Client's DOB: \_\_\_\_\_

Spouse's SSN: \_\_\_\_\_ Spouse's DOB: \_\_\_\_\_

Client's Occupation: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Dependents: (First, Middle and Last Name)

Name _____	DOB ____/____/____	SSN ____-____-____
Name _____	DOB ____/____/____	SSN ____-____-____
Name _____	DOB ____/____/____	SSN ____-____-____