



# NEW CLIENT FORM

Tax Payer's Legal Name: First \_\_\_\_\_ Last \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Spouse's Legal Name: First \_\_\_\_\_ Last \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Second Business Name (DBA): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Name/Salutation: \_\_\_\_\_

### Contact Information

Cell 1: \_\_\_\_\_  
Cell 2: \_\_\_\_\_  
Business: \_\_\_\_\_  
E-Mail 1: \_\_\_\_\_  
E-Mail 2: \_\_\_\_\_  
(If Married, 2 email addresses needed for e-signature)

### Business Information

Check if a QuickBooks User  
Entity Type: \_\_\_\_\_  
Date of Incorporation/S-Corp Election Date: \_\_\_\_\_  
Client's EIN: \_\_\_\_\_  
Fiscal Year End: \_\_\_\_\_

### Personal Information

Client's SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Client's DOB: \_\_\_\_\_  
Client's Occupation: \_\_\_\_\_  
Spouse's SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Spouse's DOB: \_\_\_\_\_  
Spouse's Occupation: \_\_\_\_\_  
 United States Veteran or Active Military?

### Dependents

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Discovery Questions

How did you hear about us? \_\_\_\_\_  
Why are you looking for a new CPA? \_\_\_\_\_  
What is the top problem you believe you need help with? \_\_\_\_\_  
On a scale from 1-10 (with 1 being the least), how knowledgeable are you on how your taxes are structured or how your taxes work? \_\_\_\_\_