

## New Client Questionnaire

Taxpayer: \_\_\_\_\_

SS# \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

### Dependents:

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

SS# \_\_\_\_\_ DOB: \_\_\_\_\_

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

SS# \_\_\_\_\_ DOB: \_\_\_\_\_

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

SS# \_\_\_\_\_ DOB: \_\_\_\_\_

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

SS# \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse: \_\_\_\_\_

SS# \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

Occupation: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have ownership in or are a beneficiary

of: (Check all that apply)

Sole Ownership

Partnership

C-Corp

S-Corp

Trust

Other: \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

\_\_\_\_\_