

New Client Questionnaire

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Taxpayer:		Spouse:	
SS#	DOB:	SS#DOB:	
Address:		Home Phone:	
City:	ST: Zip:	Cell Phone:	
Home Phone:			
Cell Phone:		Email:	
Work Phone:		Fax:	
Email:			
Fax:		Occupation:	
Preferred Method	of Contact:		
Mailing Address:		Notes:	
City:	ST: Zip:		
Occupation:			
Dependents:		Do you have ownership in or are a beneficia	ary
Name:		of: (Check all that apply)	
SS#	DOB:	Sole Ownership	
Name:		Partnership	
	DOB:	C-Corp	
		S-Corp	
Name:		Trust	
SS#	DOB:	Other:	
Name:		How did you hear about us?	
SS#	DOB:		