



New Client Info Sheet- Individual

CLIENT		Today's Date: _____
First Name & Initial: _____	SSN: _____	Last Name: _____
Birthdate: _____	Occupation: _____	

SPOUSE	
First Name & Initial: _____	Last Name: _____
SSN: _____	Occupation: _____
Birthdate: _____	

HOME ADDRESS	
Street: _____	Apt: _____
City: _____	State: _____
Foreign Country: _____	Zip Code: _____

MAILING ADDRESS (if different from above)	
Addressee: _____	
Street: _____	
City, State, Zip: _____	
Attention: _____	

PHONE NUMBER		
Home: _____	Client Bus: _____	Spouse Bus: _____
Cell: _____	Client Fax: _____	Spouse Fax: _____
Primary Email: _____		
Secondary Email: _____		

SERVICES		
<input type="checkbox"/> Tax Preparation	<input type="checkbox"/> Certified Audit	<input type="checkbox"/> Payroll Rep't Service
<input type="checkbox"/> Tax Planning	<input type="checkbox"/> Estate Planning	<input type="checkbox"/> Insurance & Other Benefits
<input type="checkbox"/> Tax Audit Representation	<input type="checkbox"/> Retirement Planning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Financial Planning	<input type="checkbox"/> Client Accounting	
<input type="checkbox"/> Financial Statements	<input type="checkbox"/> Quickbooks Training	

ADDITIONAL INFORMATION Note: Please provide all information. If more space is needed, request additional pages		
Dependents: _____	SSN: _____	DOB: _____
_____	SSN: _____	DOB: _____
_____	SSN: _____	DOB: _____
Businesses Owned/Associated With: _____		

REFERRED BY: _____
