



Tax Partner \_\_\_\_\_

Year End \_\_\_\_\_

*Basic Client Information*

Client/Business Name: \_\_\_\_\_

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

SSN/EIN#: \_\_\_\_\_

SSN#: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

Office Phone #: \_\_\_\_\_

Office Phone #: \_\_\_\_\_

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

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

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

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

*Dependent Information*

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

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

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

*Contact Person Information*

If an individual client is under the care of another individual, please place the caretaker's information in the sections below. If a business, please place the business owner or person-in-charge's contact info here.

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

Contact Phone #: \_\_\_\_\_

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Please see reverse side for additional information*

## *Additional Information*

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What type of services are you interested in?

- Audit
- Business Advisory
- Bookkeeping
- Tax Preparation/Planning

Other (please explain):

## *Type of Return/Entity*

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- Individual     C-Corporation     S-Corporation     Partnership
- Trust     Estate     Limited Liability Co.     Non-Profit
- Sole Proprietorship     Other

Other (please explain):

- Calendar Year     Fiscal Year    Fiscal Year End Date: \_\_\_\_\_

## *How did you hear about our firm?*

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- Existing Client referral    If so, who referred you? \_\_\_\_\_
- Local Advertising     Website     Facebook     Google
- LinkedIn     Bing     Other (please explain) \_\_\_\_\_

*We look forward to serving you!*

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FOR INTERNAL USE ONLY

TYPE OF RETURN

Entered in Practice \_\_\_\_\_ (please initial)

Entered in XCM \_\_\_\_\_

Entered in Document \_\_\_\_\_

Entered in Tax \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Task - XCM

Tax  Form type \_\_\_\_\_

Franchise Tax

Single Member LLC

Bookkeeping  (attach engagement letter)

Audit