



Client Information

Client Name: _____

Spouse Name: _____

SSN: _____

SSN: _____

DOB: _____

DOB: _____

Cell Phone#: _____

Cell Phone#: _____

Home Phone# _____

Home Phone#: _____

Office Phone# _____

Office Phone# _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Mailing Address, if different:

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Would you like access to our secure portal to send and receive confidential documents? Yes No

Do you approve use of e-signature for documents, when available? Yes No

Preferred Method of Contact: Client Spouse Email Text Cell# Home# Office#

Personal Caretaker or Power of Attorney Information

Contact Name: _____

Cell Phone#: _____

Address: _____

Home Phone#: _____

City/State/Zip: _____

Office Phone#: _____

Email: _____

Services Information

What Services can we assist you with (please check all that apply)?

- Tax Preparation and Planning Bookkeeping Payroll Business/Advisory Services

Check the boxes and list the names for all returns we can assist you with:

Personal Tax Return - Form 1040 Business Tax Return (list names): _____

Dependents' Personal Tax Return(s) _____

Trust or Estate Return (list names): _____

For Internal Use Only

WHSL: Yes No

BKKP: Payroll Monthly

Notes: _____
