

# NEW CLIENT CHECKLIST

Please provide your prior 2 years' tax return. We will also need the following data:

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

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

SSN: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_

Current Mailing Address: (City, State, Zip): \_\_\_\_\_

\_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Alt. Telephone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

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If we will be doing your business' tax return, please provide your prior 2 years' tax return and depreciation schedule. This will allow us to fill in data such as Corporation Name, EIN, Address, Type of business, etc. We will need the following:

President: \_\_\_\_\_ Main #: \_\_\_\_\_

President's Email Address: \_\_\_\_\_

1. Will you be needing payroll services for your business? Yes / No
2. Are you currently benefiting from an accountable plan? Yes / No

\_\_\_\_\_

## **Office Use:**

Our fees for service \_\_\_\_\_

Notes for File: \_\_\_\_\_

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