

New Client Intake Form

*If applicable, please bring a copy of your prior year tax return.

| General Data: | |
|--|---------------------------------------|
| Name(s): | |
| Address: | |
| | |
| Birthday: | Occupation: |
| Taxpayer Cell: | Spouse Cell: |
| Taxpayer Email: | Spouse Email: |
| Taxpayer SSN#: | Spouse SSN#: |
| Reason(s) for Coming in: | |
| | |
| Entity Information: | |
| Legal Name: | |
| DBA: | |
| Address: | |
| Primary Business Activity/Type: | |
| Entity: Sole Proprietor / Partnership, | / S-Corporation / C-Corporation / LLC |
| Date of Incorporation: | Tax ID: |

For Internal Use: Engagement - Income Tax /Sales Tax /Payroll /Property /Bookkeeping /Accounting

