

New Client Worksheet

Full Legal Name _____

General Questions

Social Security Number		
Address		
City, State, Zip		
Daytime Phone		
Email address		
Skype Id		
Occupation		
Spouse Full Name		
Spouse Social Security Number		
Occupation		
Are you making payments to IRS or State?	Yes	No
Did you file last year?	Yes	No
If you were referred to us, write name here		
Are you interested in tax planning?	Yes	No
Do you own a business?	Yes	No
Have you been audited in the past 3 years?	Yes	No
Did you purchase real estate this year?	Yes	No
Are you a full-time musician?	Yes	No
Have you been convicted of a felony?	Yes	No
How did you hear about us?		

Complete form and send to us for a pre-appointment interview to determine your tax preparation needs.