

CONSULT REQUEST FORM

T.M. TAX PRACTICES, LLC

9750 W SKYE CANYON PARK DR. STE 160-133

LAS VEGAS, NV 89166

702-509-1122

INFO@TMTAXPRACTICES.COM

PRIMARY CLIENT NAME

OCCUPATION

ADDITIONAL CLIENT NAME *(Spouse/Business Partner)*

OCCUPATION

WHAT SERVICES ARE YOU CURRENTLY SEEKING?

CLIENT ONBOARD INFORMATION

PRIMARY PHONE	
PRIMARY EMAIL	
PRIMARY OTHER	

ADDRESS	

ADDITIONAL PHONE	
ADDITIONAL EMAIL	
ADDITIONAL OTHER	

BUSINESS NAME(S) AND TYPE <i>(e.g. C Corp, S Corp, Partnership, Sole Prop)</i>	

ARE YOU CURRENTLY USING A BOOKKEEPER?

DO YOU REQUIRE MULTIPLE TAX YEAR FILINGS?

ARE YOU CURRENTLY UNDER AUDIT?

HOW DID YOU FIND OUT ABOUT US?

PLEASE LIST ANY SPECIFIC QUESTIONS/CONCERNS YOU WOULD LIKE TO DISCUSS

PLEASE ATTACH ANY ADDITIONAL INFORMATION AND/OR PREVIOUSLY FILED TAX RETURNS
YOU BELIEVE WILL BE HELPFUL IN OUR CONSULT.

We request that this form and attachments be received by our professionals 48-hours prior to the date and time of consultation. This will allow our professionals to prepare for you consult as well as send you any requests for additional information in an effort to serve you most efficiently.

YOU MAY EMAIL THIS FORM AND ATTACHMENTS TO INFO@TMTAXPRACTICES.COM