

# Lyrix Accounting Service, LLC

## New Client Questionnaire

<b>Last Name</b>				<b>First Name</b>											
<b>D.O.B</b>				<b>SSN:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>(If Not the Same)</b>				<b>Spouses Name</b>											
<b>D.O.B</b>				<b>SSN:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Mailing Address</b>															
<b>Phone Number</b>															
<b>Email</b>															

**Purpose**

<b>Tax Preparation</b>	<input type="checkbox"/>
Individual	<input type="checkbox"/> Year _____
Business	<input type="checkbox"/> Year _____
<b>Bookkeeping</b>	<input type="checkbox"/>
<b>Payroll Assistance</b>	
Deposit Preparation	<input type="checkbox"/>
Return Preparation	<input type="checkbox"/>
Payroll Prepration	<input type="checkbox"/>

**Tax Preparation:**

Dependents Yes  No

Name	SSN:	D.O.B.
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____

**Identification Verification**

Taxpayer:

Driver License : Issue State:   Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Spouse

Driver License : Issue State:   Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_