

CL ACCOUNTING AND TAX SERVICES LTD. CPA

Client Intake Form

Date Agent/Representative Name		
Client Name	Client Organization/Company Name	
	Client Info	ormation
Home Phone	Cell Phone	Email Address
Address		
City	State	ZIP Code
Occupation/Business Ty	/pe	
DOB		Gender
Additional Information (Seniors/Military/etc.)		Service Requests
Other/Special Requests		Availability for Follow-ups
Previous Customer?		Referred by





