



# TNCPA

## New Client Information Form

### Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ **Pref** Occupation: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_  DOB: \_\_\_\_\_

Work Phone: \_\_\_\_\_  Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_  Fax: \_\_\_\_\_

Dependent Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ **Pref** Occupation: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_  DOB: \_\_\_\_\_

Work Phone: \_\_\_\_\_  Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_  Fax: \_\_\_\_\_

Dependent Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ **Pref** Occupation: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_  DOB: \_\_\_\_\_

Work Phone: \_\_\_\_\_  Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_  Fax: \_\_\_\_\_

Dependent Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ **Pref** Occupation: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_  DOB: \_\_\_\_\_

Work Phone: \_\_\_\_\_  Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_  Fax: \_\_\_\_\_



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

EIN: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Year End: \_\_\_\_\_

Where Formed: \_\_\_\_\_

Date Formed: \_\_\_\_\_

**Entity Type:**

- Sole Proprietorship
- S Corporation
- C Corporation
- Nonprofit
- Trust
- Partnership
- Other: \_\_\_\_\_

**Services Requested**

- Personal Tax Return
- Tax Planning
- Business Tax Return
- Business Planning
- Accounting/Bookkeeping
- Audit/Assurance Services
- Payroll
- Other: \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Marketing**

How did you hear about us? \_\_\_\_\_



**New Client Information Form**  
**Office Use Only**  
**Complete by Consultant**

Client/Group Name: _____	<input type="checkbox"/> New Client
Client Code: _____	<input type="checkbox"/> Add Project
Manager Name: _____	<input type="checkbox"/> Update Client Information
Client Responsible Staff: _____	<input type="checkbox"/> Delete Project
Billing Amount: _____	
Billing Method: _____	
Effective Date: _____	

**Project Information**

<input type="checkbox"/> Form 1040	<input type="checkbox"/> Quarterly ES Payments	<input type="checkbox"/> Bookkeeping - Monthly
<input type="checkbox"/> Form 1040NR	<input type="checkbox"/> Form 1099-MISC	<input type="checkbox"/> Bookkeeping - Quarterly
<input type="checkbox"/> Form 709	<input type="checkbox"/> Form 1099-INT	<input type="checkbox"/> Bookkeeping - Annual
<input type="checkbox"/> Form 1041	<input type="checkbox"/> Form 1099-DIV	<input type="checkbox"/> Fin 48      Due Date: _____
<input type="checkbox"/> Form 706		
<input type="checkbox"/> Form 1065	<input type="checkbox"/> Form 941 - Quarterly	<input type="checkbox"/> Audit
<input type="checkbox"/> Form 1120	<input type="checkbox"/> Form 941 - Annual	<input type="checkbox"/> Review
<input type="checkbox"/> Form 1120S	<input type="checkbox"/> Form 940	<input type="checkbox"/> Compilation
<input type="checkbox"/> Form 1120-H	<input type="checkbox"/> Form W-2/W-3	<input type="checkbox"/> EBP
<input type="checkbox"/> Form 990	<input type="checkbox"/> Form C-3 - TWC Quarterly	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form C-3DOM- TWC Household	
<input type="checkbox"/> Form 990-EZ		
<input type="checkbox"/> FinCEN Form 114	<input type="checkbox"/> Other: _____	Due Date: _____
<input type="checkbox"/> Form 3520	<input type="checkbox"/> Other: _____	Due Date: _____
<input type="checkbox"/> Texas Franchise		
<input type="checkbox"/> State: _____	Form: _____	Due Date: _____
<input type="checkbox"/> State: _____	Form: _____	Due Date: _____
<input type="checkbox"/> Annual Report	State: _____	Due Date: _____
<input type="checkbox"/> Rendition	State: _____	Due Date: _____
<input type="checkbox"/> Sales Tax	State: _____	Due Date: _____
<input type="checkbox"/> Miscellaneous	Description: _____	Due Date: _____

Meeting Notes: \_\_\_\_\_

**New Client Information Form**  
**Office Use Only**  
**Complete by Processing Department**

CCH Entry Date: \_\_\_\_\_

QuickBooks Data Entry Date: \_\_\_\_\_

Engagement Letter Date: \_\_\_\_\_

Initial Retainer Invoice Date: \_\_\_\_\_

Signed EL Date: \_\_\_\_\_

Retainer Payment Date: \_\_\_\_\_

Retainer Payment Amount: \_\_\_\_\_

Payment Method: \_\_\_\_\_

Processor Name: \_\_\_\_\_ Date: \_\_\_\_\_