

NEW CLIENT FORM & ROUTE SHEET

(circle one)

*For both individual clients and business clients, if we did not prepare your prior year returns, please provide a copy of federal and state returns for the three previous years.

Date: _____

Referred by: _____

INDIVIDUAL CLIENTS: Please complete the following information:

Taxpayer's Name: _____ SSN _____ Occupation _____

Spouse's Name: _____ SSN _____ Occupation _____

Home Address: _____
(number, street or PO Box) (city) (state) (zip)

Taxpayer Contact Information:

Spouse Contact Information:

Home Telephone # _____ Cell _____
Home Email(T) _____ Office _____
Home Email(S) _____ Fax _____
Email _____

Taxpayer: Date of Birth: _____ Blind? Yes ___ No ___ Other Info: _____

Spouse: Date of Birth: _____ Blind? Yes ___ No ___

State ID: State Issued: _____ ID#: _____ Date Issued: _____ Expiration Date: _____

Tax Form: 1040 US State / Other Return: _____ (Resident / Non-Resident / Part Year Resident)

Dependent Children Who Live (d) With You:

Full Name	Social Security #	Relationship	Birth Date
1.)			
2.)			
3.)			
4.)			

Other Dependents:

Full Name	Social Security #	Relationship	Birth Date	# Months Resided in Your Home	% Support Given by You
5.)					
6.)					
7.)					

Comments: _____

BUSINESS CLIENTS: Please complete the following information:

Date: _____

Business Name: _____ EIN/ID #: _____ Owner/Contact Person: _____

Business Address: _____
(number, street or PO Box) (city) (state) (zip code)

Business Telephone #: _____ Business Fax #: _____ Business email: _____

Owner/Contact Person Information: Tel #: _____ Email: _____

Tax Form: 1041 / 1120 / 1120S / 1065 / 990 / W2s / 1099s / TX Franchise / Schedule C or other US State / Other: _____
(circle) (specify)

Comments: _____

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****FOR OFFICE USE ONLY****

Client Name: _____ Estimate: _____

Return Year & Form #: _____ //

FILES:	STAFF:	DATE:
Billing		
Tax & Type:		
Permanent		
Fin. Stmt/Bookpg		
<small>Q h w z r u n # F a h q w # i k h #</small>		
BILL QUICK:		
BTB Q/Books:		
Client Q/Books:		
Version: _____		
1099 Program:		

FORMS:	R'CDV//STAFF	DATE	Sent to IRS/STAFF	DATE
Prior Year(s) Tax Rtn			N/A	N/A
Prior Year(s) Input				
FORM 2553				
FORM 8832				
TWC				
Sales Tax Permit				
Texas Franchise				
SS-4 (EIN appl)			N/A/	N/A
CERT OF FILING			N/A/	N/A
CERT OF FORM			N/A/	N/A
Client Docs Rcvd			N/A/	N/A
POA (Taxpayer)				
POA (Spouse)				

FITWIN:	STAFF:	DATE:
Bkpg / Payroll Rpts		
1040		
1120		
1120 S		
1065		
1041		
Schedule C or 990		
TX Franchise		
W2		
1099		
ULTRA TAX:		
State Return		
TIMESLIPS:		
TAXLOG:		
PAYROLL TAXLOG:		
OTHER:		
STEVE LORENZ: (for Payroll Rpts, Sales Tax, 1099s etc)		

If Bkpg - circle one: Annual / Semi-Annual / Quarterly / Monthly
 If Payroll: circle: 940 / 941 / TWC

General Comments: _____

OUTLOOK

Input by: _____
 Date: _____

FINAL

Completed form scanned by: _____
 Date: _____
BTB
 Signature: _____
 Date: _____

ADDITIONAL COMMENTS: _____
