



SHAFFER & CO. LLC

New Client Application

Client Name: _____ Spouse: _____

Current Address: _____

City, State and Zip: _____ Fax: _____

Primary Client Contact: _____ Phone: _____

Email: _____ Cell: _____

Client Occupation: _____ Spouse Occupation: _____

Why are you leaving your former accountant? _____

May we contact your prior accountant? _____

How many accounting firms have you had in the past 3 years? _____

If you were referred you to our firm, who was the referral?

What are the important features you are looking for in your new firm?

Are you current with your tax obligations? _____

Are you on a payment plan with the IRS? _____

What is the last year of taxes you have filed? _____

When do you typically file your taxes by? _____

Do you possess virtual currency? _____



SHAFFER & CO. LLC

Note: If you are a business owner, please fill out additional information below.

Business Legal Name: _____

Current Address: _____

City, State, Zip: _____ Fax: _____

Year End: _____ Organization Date: _____

Entity Type: _____ S-Election Approval Date: _____

Primary Contact: _____ Phone: _____

Email: _____ Cell: _____

Bookkeeper: _____ Software: _____

Are the books kept after the fact or real time? _____

What services are you looking for?

Are there any owners who are NOT US Citizens? _____

Does your business accept virtual currency for payment of services? _____

Are you current on your employment tax payments? _____