



NEW CLIENT FORM

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Business 1 Name: _____ EIN: _____

Business 2 Name: _____ EIN: _____

Sole proprietorship: ___ LLC: ___ Partnership: ___ Corporation: ___ % of ownership: ___

Filer's Social Security number: _____ Dates of birth: _____

Your Occupation: _____ Filing Status: _____

Spouse Name: _____ Spouse SSN: _____ DOB: _____

Number of dependents: _____ Relationship: _____

Dependent 1: _____ SSN: _____

Dependent 2: _____ SSN: _____

Dependent 3: _____ SSN: _____

Your vehicle's year, make and model: _____

(please list all vehicles if more than one and identify the one(s) you use for business)

Your insurance payment per month and all maintenance: _____

(including car washing service if any) on the vehicle(s)

Miles Driven for business activities: _____ Business Meal cost: _____

REFUND DEPOSIT METHOD:

Bank Name: _____

Routing Number: _____

Account Number: _____

Previous year tax return: Yes: ___ No: ___

ID Type: _____ ID#: _____



FILING STATUS:

- Single
- Married Filing Jointly
- Married Filing Separately
- Widow/ Widower
- Other: (Please specify) _____

Do you have any assets, rental income or own a property? (Please Specify)

I _____ hereby agree and certify that I have read all Terms and policies of LVP Accounting & Taxes LLC. These terms are also listed on the company's website.

I also grant permission to LVP Accounting & Taxes LLC to withdraw payment for services rendered as follows:

_____ Personal Return: \$395.00 With 50% off between January 31st – April 15th 2022
_____ Business Return: \$795.00 With 50% off between January 31st – April 15th 2022

CLIENT:

Print Name: _____
Signature: _____
Date: _____

LVP ACCOUNTING & TAXES, LLC:

Print Name: _____
Signature: _____
Date: _____