## CLIENT INFORMATION

 CONTACT INFORMATION

| Name: |  | Name: |  |
| :---: | :---: | :---: | :---: |
| DOB: |  | DOB: |  |
| SSN: |  | SSN: |  |
| Student: $\square$ Yes $\square$ No | Grade: | Student: $\square$ Yes $\square$ No | Grade: |
| Name: |  | Name: |  |
| DOB: |  | DOB: |  |
| SSN: |  | SSN: |  |
| Student: $\square$ Yes $\square$ No | Grade: | Student: $\square$ Yes $\square$ No | Grade: |
| TASKS |  |  |  |
| $\square$ Tax Preparation | $\square$ Tax Planning | $\square$ Representation | $\square$ Estate/Trust |
|  | BUSINES | ION (IF APPLIC |  |


| Date business commenced | Tasks: |  |  |
| :--- | :--- | :--- | :--- |
| Tax I.D.\# |  | $\square$ Sales \& Use | $\square$ Personal Property Declaration |
| Business Address: | $\square$ Quarterly Payroll Returns | $\square$ 1099's |  |
|  | $\square$ Corporation | $\square$ QuickBooks | $\square$ Entity Discussion |
| $\square$ Sole proprietorship | $\square$ Partnership | $\square$ Tax Preparation | $\square$ Other Consulting |
| $\square$ Other |  |  |  |
| SIGNATURE(S) |  |  |  |
| Taxpayer: | Spouse: |  |  |
| Date: | Date: |  |  |

