WQZ & Company Accounting

New Client Form

Client Information:
ull Name:
susiness Name (if applicable):
Contact Phone Number:
mail Address:
ervices Requested:
☐ Tax Planning
☐ Tax Preparation
☐ International Tax Services
☐ Estate Planning
☐ Financial Planning
Retirement Planning
☐ Bookkeeping/Write-Up
☐ Business Entity Selection
☐ Business Succession Planning
☐ Business Incorporation Services
☐ Estate & Trust Tax Preparation
☐ IRS Representation
☐ Payroll Services
Auditing, review and compilation
☐ Sales Tax Services
Other (please specify):

Bank Name(s):
Any outstanding loans or debts:
Previous Year's Tax Return (if available):
Additional Information:
Any special instructions or information we should be aware of?
Preferred Method of Communication:
☐ Phone
☐ Email
☐ Mail
☐ In-Person Meetings
Consent and Agreement:
I hereby authorize WQZ & Company CPA's Accounting Firm to represent me in all matters related to my financial
affairs, including tax preparation and filing. I certify that the information provided on this form is accurate and complete to the best of my knowledge.
Signature:
Date:

Financial Information: