| **Johannsen CPA New Client Checklist** | | | | |
| --- | --- | --- | --- | --- |
| Required Information | | | | |
| **First Name** | **Last Name** | **Social Security Number** | **Date of Birth** | **Relationship to Person 1** |
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|  |  |  |  |  |
| Physical Address: | | | | |
| Email Address: | | | | |
| Phone Number: | | | | |
| Notes: | | | | |
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|  | | | | |
|  | | | | |
| Quoted Price: | | | | |