| **Johannsen CPA New Client Checklist** |
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| 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: |