## **LOPEZ & COMPANY**

## **Accountants and Tax Advisors**

10906 Sheldon Road Tampa FL 33626

PHONE 813-888-8811 FAX 800-898-0150

## **NEW CLIENT INTERVIEW FORM**

Date:				
Taxpayer:		Spouse:		
First Name		Spouse First Name		
Middle Initial		Middle Initial		
Social Security No.		Social Security No.		
Occupation		Occupation		
Date of Birth		Date of Birth		
E-mail Address		E-mail Address:		
Work Phone		Work Phone		
Cell Phone		Cell Phone		
Home Phone				
Driver's License □ or State ID Card □		Driver's License □ or State ID Card □		
Issuing State		Issuing State		
License or ID Num		License or ID Num		
Issue Date		Issue Date		
Expiration Date		Expiration Date		
		L		
Street Address				
City	State	Zip Code		
First Name		Social Security No.		
Last Name		Relationship:		
Middle Initial		Date of Birth		
First Name		Consider Consumity Ale		
First Name		Social Security No.		
Last Name		Relationship:  Date of Birth		
Middle Initial		Date of Birth		
First Name		Social Security No.		
Last Name		Relationship:		
Middle Initial		Date of Birth		
First Name		Social Security No.		

Relationship:

Date of Birth

Please let us l	know how you he	eard of us:	

Last Name

Middle Initial