

New Client Questionnaire

Today's Date: _____

Your Full Name _____

Nickname _____

SS # _____ Birthdate _____

DL # _____ DL Iss Date _____

DL Expiration Date _____

Occupation _____

Employer _____

Cell Phone _____ Work Phone _____

Fax _____

Email _____

Home Phone _____

Address _____ Zip Code _____

Resident City or Township _____ Resident County _____ Resident School District _____

Dependent Name _____ Birthdate _____

Dependent Name _____ Birthdate _____

Spouse Full Name _____

Nickname _____

SS # _____ Birthdate _____

DL # _____ DL Iss Date _____

DL Expiration Date _____

Occupation _____

Employer _____

Cell Phone _____ Work Phone _____

Fax _____

Email _____

What type of help do you need (circle all that apply)? Tax / Accounting / Financial Planning / Business Coaching / Other

How did you hear about the CPA Advisory Group? _____

Would you like to receive the CPA Advisory Group newsletter of tax tips? Yes No

Business Information (Only complete if you are a business owner)

Business Name _____ **Nature of Business** _____

Business Type (circle one) C Corp S Corp Multi Member LLC Single Member LLC EIN _____

Physical Address _____ Zip Code _____

Business Phone # _____ Business email _____

Software _____ Number of Employees _____ Number of Owners _____

Business website _____

For Administrative Use Only:

Onboarding Team Member _____

Client Code _____

Date Created _____

Entered into Practice ___ UT ___ **Outlook** ___

Email archive folder _____

Return File to: _____

Tax Season Appointment Date _____ or Mail in ___

Investment Quoted _____

Organizer: Mail ___ **Hold** ___ **No** ___