Date _____

Taxpayer Name _____ **Home Phone** _____
Social Security # _____ **Work Phone and Ext** _____
Occupation _____ **Mobile Phone** _____
Date of Birth _____ **Fax Number** _____
Email Address _____

Street Address _____
Street Address _____
City, State, ZIP _____

Spouse Name _____ **Home Phone** _____
Social Security # _____ **Work Phone and Ext** _____
Occupation _____ **Mobile Phone** _____
Date of Birth _____ **Fax Number** _____
Email Address _____

(If Different)
Street Address _____
Street Address _____
City, State, ZIP _____

Additional Information

	Yes	No	
Do you have any dependents?	☐	☐	If yes Complete Dependents Form
Do you own a business or rental?	☐	☐	If yes, Complete Business Information Form
Did you file a tax return last year?	☐	☐	If yes, please provide a copy
Were you referred to us	☐	☐	If yes, by who? _____

Office Use Only

Client Number _____
Entered into OTP _____
Entered into Outlook _____
Entered into QuickBooks _____
Entered into Lacerte _____

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Date _____

Dependent #___

First Name _____

Last Name _____

Date of Birth _____

Date of Adoption _____

Social Security # _____

Relationship _____

Dependent Claim _____
(if not claimed every year)

(If Different)

Street Address _____

Street Address _____

City, State, Zip _____

Other information _____

_____

Dependent #____

First Name _____

Last Name _____

Date of Birth _____

Date of Adoption _____

Social Security # _____

Relationship _____

Dependent Claim _____
(if not claimed every year)

(If Different)

Street Address _____

Street Address _____

City, State, Zip _____

Other information _____

_____

Office Use Only

Client Number _____

Entered into OTP _____

Entered into Lacerte _____

Date _____

Business Name _____ _____

Business DBA _____ **Work Phone and Ext** _____

Federal ID _____ **Alternate Phone** _____

Primary Contact _____ **Fax Number** _____

Company Website _____ **Email Address** _____

Street Address _____

Street Address _____

City, State, ZIP _____

Entity Type (Circle One)

Sole Proprietor (individual)
Schedule E (Rental property)
Corporation
S-Corporation
Partnership
Estate
Fiduciary
Trust
Limited Partnership
Limited Liability Partnership
Limited Liability Company
Single Member LLC
Partnership LLC
LLC taxed as Corporation
LLC Corporation with S-Election
Non-Profit

Briefly Explain the nature of the business:

General Information

Date Business Began _____
State ID Number (income tax) _____
State Payroll Number (EDD) _____
Sales Tax Number _____

Number of Employees _____
Primary Bank _____

Accounting System Used _____
(QuickBooks, Quicken, Peachtree, Sage, etc.)

Office Use Only

Client Number _____
Entered into OTP _____
Entered into Outlook _____
Entered into QuickBooks _____
Entered into Lacerte _____

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