

NEW CLIENT INFORMATION FORM

Personal Contact Information

Full Name: _____ Spouse: _____

Occupation: _____ Spouse Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Other Information: _____

Home Phone: (____) _____ Your Email: _____

Cell Phone: (____) _____ Spouse Cell: (____) _____

Work Phone: (____) _____ Spouse E-mail: _____

Primary contact person for tax-related matters? _____

Preferred PHONE and EMAIL to be used? _____

Your Date of Birth: ____/____/____ Spouse Date of Birth: ____/____/____

Your SS# ____-____-____ Spouse SS# ____-____-____

Dependent Information

- | | |
|---|---|
| 1. Full Name: _____
Date of Birth: ____/____/____
SS#: ____-____-____ | 2. Full Name: _____
Date of Birth: ____/____/____
SS#: ____-____-____ |
| 3. Full Name: _____
Date of Birth: ____/____/____
SS#: ____-____-____ | 4. Full Name: _____
Date of Birth: ____/____/____
SS#: ____-____-____ |
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How did you hear about us? _____

Referred by: _____

SERVICE RELATED QUESTIONS

What do you expect of your CPA? _____

Who are your most influential advisors and how frequently do you contact them for advice? _____

What keeps you "awake at night" regarding your finances? _____

If price weren't an issue, what role would you want Eger CPA to play in your finances? _____

How often would you like to meet with your accountant/advisor? _____

Please mark which of these services you would like to learn more about.

- ❖ Tax Return Preparation _____
- ❖ Year-Round Tax Planning _____
- ❖ IRS Resolution Services _____
- ❖ Estate Planning _____
- ❖ Financial/Retirement Planning _____
- ❖ Personal Financial Statements _____

Please list any services not mentioned above that you are interested in: _____

General Reminder

Please provide a complete copy (Federal, State, Local) of your prior 2 years tax returns.

Notes/Comments

