

# Confidential New Client Information Sheet

Client Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

***DO YOU FILE JOINTLY WITH SPOUSE:*** \_\_\_\_\_

## **IF YOU OWN A BUSINESS COMPLETE THE SECTIONS BELOW**

Business Name: \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have employees? Yes or No \_\_\_\_\_

Business Structure: Sole Prop \_\_\_ S Corp \_\_\_ C Corp \_\_\_ LLC \_\_\_ Partnership \_\_\_

Title: Owner \_\_\_\_\_ President \_\_\_\_\_ Other \_\_\_\_\_