

Cash Tax and Accounting, LLC
New Individual Client Questionnaire

Form Completed By: _____

Today's Date: _____

Physical Address: _____

Billing Address: (If different than physical address)

Attn: _____

Address: _____

Your Full Name: _____

Spouse Full Name: _____

Nickname: _____

Nickname: _____

SS #: _____

SS #: _____

Birth Date: _____

Birth Date: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

Home Phone: _____

Anniversary: _____

Cash Tax and Accounting, LLC

New Individual Client Questionnaire

Dependent's Name	Dependent's SS Number	Dependent's Birth Date

What type of help do you need (circle all that apply)?

Tax / Accounting / Financial Planning / Business Development / Other

Do you have ownership or are a beneficiary in any of the following (circle all that apply)?

Sole Proprietorship / Partnership / C Corporation / S Corporation / Trust / Other

How did you hear about **Cash Tax and Accounting, LLC**?

Would you like to receive the **Cash Tax and Accounting, LLC** newsletter of tax tips? Yes No

For Administrative Use Only:

Partner: _____ Return File to: FC: _____ Team Member: _____

Team: _____ Tax Season Appointment Date: _____ or Mail In: _____

Client Code: _____ Fee Quoted: _____

Organizer: Mail _____ Hold _____ No _____

Date Entered into DB _____ TS _____ Outlook _____

Resident City: _____
(admin use only)

Cash Tax and Accounting, LLC Confirmation: _____

Resident County: _____
(admin use only)

Cash Tax and Accounting, LLC Confirmation: _____

Resident School District: _____
(admin use only)

Cash Tax and Accounting, LLC Confirmation: _____
