



New Client Questionnaire

Today's Date: _____

Your Full Name _____

Nickname _____

SS # _____ Birthdate _____

DL # _____ DL Issue Date _____

DL Expiration Date _____

Occupation _____

Employer _____

Cell Phone _____ Work Phone _____

Email _____

Home Phone _____

Address _____

Resident City or Township Resident County _____

Dependent Name _____ Birthdate _____

Dependent Name _____ Birthdate _____

Dependent Name _____ Birthdate _____

Dependent Name _____ Birthdate _____

Spouse Full Name _____

Nickname _____

SS # _____ Birthdate _____

DL # _____ DL Issue Date _____

DL Expiration Date _____

Occupation _____

Employer _____

Cell Phone _____ Work Phone _____

Email _____

Zip Code _____

Resident School District _____

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

How did you hear about us? _____

Would you like to receive our 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	Return File to: _____
Client Code _____	Tax Season Appointment Date _____ or Mail in _____
Date Created _____	Investment Quoted _____
Entered into ATOM _____ Drake _____ Contact _____	Organizer: Mail _____ Hold _____ No _____