

New Client Contact Form

Office Use Only	
Office:	FW KV Fee Quoted: _____
Referral:	Y N Follow Up: <input type="checkbox"/> Office <input type="checkbox"/> Client
Assign to	_____ Client ID # _____

Last Name: _____ First Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

SSN: _____

Email: _____

Phone: _____

<p>I prefer to be contacted by:</p> <p>_____ email</p> <p>_____ phone</p>
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Spouse Information

Last Name: _____ First Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

SSN: _____

Email: _____

Phone: _____

<p>He/She prefers to be contacted by:</p> <p>_____ email</p> <p>_____ phone</p>
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Dependents (if more than four, use back of sheet):

Name: _____ Birthdate: _____ SSN: _____

Name: _____ Birthdate: _____ SSN: _____

Name: _____ Birthdate: _____ SSN: _____

Name: _____ Birthdate: _____ SSN: _____

Referred by: _____

<p>_____ I need my taxes completed for FASFA</p> <p>When filing taxes, I prefer:</p> <p>_____ to bring in my paperwork for an in-person meeting</p> <p>_____ to receive a client organizer to return by mail</p> <p>I prefer to receive the client copy of my return via:</p> <p>_____ Hard Copy _____ Secure Email _____ CD _____ Access on Secure Website</p>
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