

CLIENT INFORMATION FORM

Client Name: _____ Date: _____

Address: _____

Telephone No.: _____ Fax No.: _____

eMail: _____

Please send me your Monthly Newsletter: Yes ___ No ___

Occupation or Business: _____

Form of Organization: Corporation ___ Partnership ___ Sole Proprietor ___

Other _____

Type of Tax Return(s): _____

Services to Be Performed:

Description	Year-end	Form	Due Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Referred by / How did you hear about us? _____

Office Use Only	
Estimated Annual Fees: _____	Quoted Fee: _____
Fee Arrangements: _____	
Prior Accountant: _____	

Comments: _____

