

New Client Questionnaire

Today's Date: _____

Please fill out this form along with the following items if applicable to your tax situation: 3 years of prior tax returns, prior year depreciation schedule if not in the tax return, Financial Statements (prior year and current year to date), Payroll Reports (1 year of 941s, prior year 940, 1 year of SUTA returns, and year to date Payroll Summary).

Your Full Name _____	Spouse Full Name _____
Preferred Name _____	Preferred Name _____
SS # _____ Birthdate _____	SS # _____ Birthdate _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Cell Phone _____ Work Phone _____	Cell Phone _____ Work Phone _____
Email _____	Email _____
Home Phone _____	Return Delivery Method: Paper / Electronic via SafeSend
Address (street, city, state & zip) _____	
Resident City or Township _____	Resident County _____ Resident School District _____
Dependent Name _____	SS # _____ Birthdate _____
Dependent Name _____	SS # _____ Birthdate _____
Preferred Contact Method: Email / Cell Phone / Home Phone / Work Phone	
What type of help do you need (circle all that apply): Tax / Accounting / Payroll / Tax Planning / Other: _____	
Do you have ownership / investment in any business or are a beneficiary of any trust? Yes / No Please list: _____	
How did you hear about our firm? _____	

Business Information (Only complete if you are a business owner)

Business Name _____	Nature of Business _____
Contact Person Name _____	Business Year End _____ EIN _____
Business Phone # _____	Business Email _____
Business Type(circle one): C Corp/ S Corp/ Multi Member LLC/ Single Member LLC/ General Partnership/ Trust/ Estate/ Non-Profit	
Physical Address (street, city, state & zip) _____	
Mailing Address (if different than Physical) _____	
Accounting Software _____	Number of Employees _____ Number of Owners _____
Financial Statement Basis of Accounting _____	Tax Basis of Accounting _____
Payroll: Yes / No Payroll Company _____	Retirement Plan: Yes / No Retirement Plan Type _____

For SGA Use Only:

Partner _____	Entity Type: 1040 / 1041 / 990 / 1065 / 1120 / 1120S
Manager _____	Type of Entity Return: Banking / Farm / Real Estate /
Billing Manager _____	Investment / Construction / Other / Professional Services
Office _____	Type of Individual Return: Wages / Investor / Retirees / Sch C /
	Sch E Rentals / Sch E Business Owners / Sch F

How did we gain this client? (If Referral, Who?) _____

Copy of prior year tax return received? Yes / No Will SGA have access to or authority over client funds? Yes / No

Attach FirmFlow Setup Spreadsheet & any additional notes necessary.