



Client Questionnaire

Date: _____

Client's Name _____ SSN _____

Date of Birth _____ Occupation _____ Marital Status _____

Spouse's Information:

Name _____ SSN _____

Date of Birth _____ Occupation _____ Work Phone _____

Address: _____

Home Tel: _____ W. _____ Cel. _____ Fax: _____

E-mail: _____

Additional Information: _____

Dependents No Yes. If yes, list them:

Name	Relationship	SSN	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did you have anyone living in your home during 1999 No Yes If yes, length of time _____

Additional Information:

Who did you taxes before? Another professional , Friend or Relative , Self .

What is a major quality you expect from your accountant? _____

How did you hear about us? Referral , Ad in newspaper . If yes, name of that publication _____