UNBEHAGEN ADVISORS
TAX • ACCOUNTING • INVESTMENTS • INSURANCE

# CLIENT QUESTIONNAIRE

## PERSONAL INFORMATION: (If a current client, please provide only changes)

| | |
|---|---|
| Client's Name: | Spouse's Name: |
| Home Address: | City, State, Zip: |
| Home Phone: | Cell Phone: |
| Work Phone: | Spouse's Cell Phone: |
| Email Address: | Spouse's Email Address: |
| Client's DOB: | Spouse's DOB: |
| Client's SSN: | Spouse's SSN: |
| Dependent(s) Name & DOB: | Dependent(s) Name & DOB: |
| Dependent(s) Name & DOB: | Dependent(s) Name & DOB: |

## AREAS OF INTEREST (Please check all that apply):

| | | |
|---|---|---|
| **TAX SERVICES** | | **Tax Preparation** |
| | | **Tax Planning & Tax Analysis** |
| | | **IRS Representation – Problems & Resolutions** |
| **SMALL BUSINESS SERVICES** | | **Accounting/Bookkeeping services** |
| | | **Entity Selection Analysis (LLC, C-Corp, S-Corp)** |
| | | **Payroll Services – Analyze the Options** |
| | | **Start-up Questions** |
| | | **Credit Card Processing Discounts** |
| | | **General Business Consulting** |
| **INVESTMENTS** | | **Review of Goals** |
| | | **Retirement Planning** |
| | | **401K Rollover** |
| | | **Tax Deferral – Business (SEP, SIMPLE, IRA, 401k, other)** |
| | | **Social Security** |
| **INSURANCE** | | **Quote Personal Lines Insurance (Homeowners, Auto, Flood, Umbrella)** |
| | | **Quote Commercial Lines Insurance (Liability, Workers Comp, Auto, Umbrella, Commercial Property, Malpractice, E&O, Professional)** |
| | | **Quote Health/Life Insurance** |
| | | **Quote Boat/Marine/RV/ATV/Golf Cart** |

## OTHER QUESTIONS, CONCERNS, OR CHANGES IN YOUR FINANCIAL OR BUSINESS STATUS:

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