



CLIENT QUESTIONNAIRE

PERSONAL INFORMATION: (If 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 AND CONCERN (ALL CLIENTS 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
	Review of Goals
INVESTMENTS	Retirement Planning
	401K Rollover
	Tax Deferral – Business (SEP, SIMPLE, IRA, 401k, other)
	Social Security
	Quote Personal Lines Insurance (Homeowners, Auto, Flood, Umbrella)
INSURANCE	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:
