



WILFLOW & ASSOCIATES, CPA P.C.

NEW CLIENT INFORMATION SHEET

Current Date: _____

General Information

Taxpayer Name _____ Cell Phone _____

SSN Taxpayer _____ Date of Birth _____

Driver's License #: _____ Issued: _____ Expires: _____

Spouse Name _____ Cell Phone _____

SSN Spouse _____ Date of Birth _____

Driver's License #: _____ Issued: _____ Expires: _____

Street Address _____

City/State/Zip _____

Phone: Business _____ Home _____ Fax _____

Email Address - Taxpayer _____

Email Address - Spouse _____

Names of dependents, if any

1st Dependent _____

SSN _____

Date of Birth _____

In College? **Y or N** Lives with you? **Y or N**

Relationship _____

Do you have health insurance for dependent? **Y or N**

3rd Dependent _____

SSN _____

Date of Birth _____

In College? **Y or N** Lives with you? **Y or N**

Relationship _____

Do you have health insurance for dependent? **Y or N**

2nd Dependent _____

SSN _____

Date of Birth _____

In College? **Y or N** Lives with you? **Y or N**

Relationship _____

Do you have health insurance for dependent? **Y or N**

4th Dependent _____

SSN _____

Date of Birth _____

In College? **Y or N** Lives with you? **Y or N**

Relationship _____

Do you have health insurance for dependent? **Y or N**

Business Information – If Applicable

Business Name _____

Business Address _____

Fiscal Year End _____

Entity Type _____

EIN _____

Services Desired

- | | | |
|---|---|--|
| <input type="checkbox"/> Tax Individual | <input type="checkbox"/> Tax Business | <input type="checkbox"/> Sales Tax: <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Quarterly Payroll | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> F/S Review | <input type="checkbox"/> Cash Flow Planning | <input type="checkbox"/> Yearly |

How did you hear of our services? _____

Income Information

- Did you work out of town any time during the year? **YES or NO**
- Did you earn income from a state other than the state in which you live? **YES or NO**
If yes, What state? _____ And how much? _____
- Did you receive any disability income during the year? **YES or NO**
- Do you or your spouse have any IRA accounts that you contributed to during the tax year? **YES or NO**
- Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan? **YES or NO**
- Did you receive a schedule K-1 from a partnership, S corporation, or trust? **YES or NO**
(If yes, please provide K-1 statement)
- Did you receive any type of prize, award or gambling winnings during the tax year? **YES or NO**
- Did you have any cancellation of debt (credit card or mortgage)? **YES or NO**
- Did you sell/purchase a residence during the tax year? **YES or NO**

New Client Check List

- Copy of 2016 Form 1040
- Copy of social security cards for taxpayer, spouse & each dependent
- Copy of driver's license for taxpayer & spouse
- 2017 Form W-2
- 2017 Form 1099-B
- 2017 Form 1099-DIV
- 2017 Form 1099-MISC
- 2017 Form 1099-R
- 2017 Form 1095-A (Health Insurance)
- 2017 Form HSA

Did you have health insurance? **YES or NO**

Date insurance started _____ Cost \$ _____

Client Signature

Date