



WILKLOW & ASSOCIATES, CPA P.C.

NEW CLIENT INFORMATION SHEET

Current Date: _____

Appointment? **Y or N** Time: _____ or Walk In? **Y or N**

General Information

Taxpayer Name _____ Cell Phone _____

SSN Taxpayer _____ Date of Birth _____

Driver's License# _____ Issuance Date _____

Issuing State _____ Expiration Date _____

Spouse Name _____ Cell Phone _____

SSN Spouse _____ Date of Birth _____

Driver's License# _____ Issuance Date _____

Issuing State _____ Expiration Date _____

Street Address _____

City/State/Zip _____

Email Address - Taxpayer _____

Email Address - Spouse _____

Names of dependents if any

1st Dependent _____

3rd Dependent _____

SSN _____

SSN _____

Date of Birth _____

Date of Birth _____

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

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

Relationship _____

Relationship _____

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

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

2nd Dependent _____

4th Dependent _____

SSN _____

SSN _____

Date of Birth _____

Date of Birth _____

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

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

Relationship _____

Relationship _____

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

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

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 Analysis	<input type="checkbox"/> Yearly

How did you hear of our services? _____**Business Information (If any)**

Business Name _____

Business Address _____

Fiscal Year End _____

Entity Type _____

EIN _____

Income Information

- Did you pay any Estimated Payments? **YES or NO**
If yes, how much did you Pay? Federal _____ State _____
- Did you receive any type of prize, award, or gambling winnings? **YES or NO**
- At any time during did you receive, sell, send, exchange, or otherwise acquire financial interest in any virtual (crypto) currency? **YES or NO**
- Did you have any foreign bank accounts that had a value of over \$10,000 anytime during the year? **YES or NO**
- Did you receive form 6419 for Child Tax Credits? **YES or NO**

OrganizersWould you like an organizer provided to you? **YES or NO****How would you like to sign your documents and/or receive your return, please check:** Client Portal (must have valid email address) Hard Copy (fee may apply)**By signing this sheet, I agree that there is a fee to prepare this tax return and even if I do not file with Wilklow & Associates CPA, P.C., payment is due for services rendered.**_____
Client Signature_____
Date