

Date: _____



NEW CLIENT INFORMATION:

DAWN M JAKE CPA

SPOUSE / PARTNER INFO:

Legal Name: _____

Legal Name: _____

Nickname: _____

Nickname: _____

SS# _____

SS# _____

DOB: ____/____/____

DOB: ____/____/____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

COMPLETE INFO BELOW & PLEASE CHECK THE BOX FOR PREFERRED WAY OF COMMUNICATION

Home: _____

Home: _____

Cell: _____

Cell: _____

Work: _____

Work: _____

FAX: _____

FAX: _____

Email: _____

Email: _____

PHYSICAL ADDRESS:

BILLING ADDRESS:

Marital Status: Married Separated Divorced Widowed Single Other: _____

Dependents:

Name: _____ Relationship: _____ DOB: ____/____/____ SS#: _____

Name: _____ Relationship: _____ DOB: ____/____/____ SS#: _____

Name: _____ Relationship: _____ DOB: ____/____/____ SS#: _____

Name: _____ Relationship: _____ DOB: ____/____/____ SS#: _____

Were you referred to us? NO YES By whom? _____

In what services are you interested?

____ TAXES _____ ACCOUNTING _____ BUSINESS DEVELOPMENT _____ OTHER

Do you have ownership or are you a beneficiary in any of the following?

SOLE PROPRIETORSHIP PARTNERSHIP CORP TRUST OTHER: _____

OFFICE ONLY: OT _____ LACERTE: _____ STAFF: _____ DATE: _____ CLIENT # _____