

Initial Contact: Client File Information

Taxpayer's Name: _____

EIN (if applicable): _____

Phone: _____

Company Name: _____

Appointment date: _____

Entity Type: _____

Email: _____

CCDA: _____

Routing #: _____

Acct # _____ Void Check on File

NEW
 RETURNING

Business
 Individual

Forensic
 General Tax Prep

IRS DD
 IRS Check
 Bank ERC

Brief:

Case Development or Tax Prep Information

Taxpayer SS#: _____ DOB: _____

Married
 Not Married

Dependents
 No Dependents

Spouse Name: _____

Spouse SS#: _____ DOB: _____

Power of Attorney: _____ Transcript Ordered: _____ # of Statements copied: _____

Free Consultation: _____ Transcript Received: _____ Proof of ID: _____

IP Analysis: _____ Legal: _____

Service Requested: _____ Quote: _____ Paid Date: _____

Amount Due: _____ Amount Paid: _____ Bank Pay: _____

Check
 Cash
 Debit/Credit

Check # _____

Taxpayer's Name: