



New Client Form

Date: _____

Taxpayer

Full Name: _____ **Preferred name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell phone: _____ **Home:** _____ **Work:** _____ **Preferred:** _____

E-Mail: _____ **Date of Birth:** _____

Spouse

Full Name: _____ **Preferred name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell phone: _____ **Home:** _____ **Work:** _____ **Preferred:** _____

E-Mail: _____ **Date of Birth:** _____

Primary Contact Person:

Preferred method of contact:

If other, Name _____ **Relation** _____ **Phone** _____ **Email** _____

Dependent Children's Name(s) and Date(s) of Birth:

Type of Professional Services Desired (e.g. tax preparation, tax planning, accounting/bookkeeping): _____

Have you filed all required tax returns to date?

Any other related tax returns?

Any income sources outside of Colorado (including foreign)?

Whom may we thank for referring you? _____