

1140 N Lincoln Street, Greensburg, IN 47240 Phone (812) 222-3035 Fax (812) 222-3037 www.bohmancpagroup.com

New Client Information Request

		<u>Taxpayer</u>		<u>Spouse</u>
First Name and Middle Initia	al		-	
Last Name			-	
Social Security Number			-	
Date of Birth			-	
Occupation				
County of Residence as of Ja	an 1			
County of Employment as of	f Jan 1			
Cell Phone Number			-	
Work Number			· -	
Home Number				
Email				
Preferred Contact Method				
Address:				
Tax Filing Status:				
Single	Married	Married Filing Separa	ite	Head of Household

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Dependents		
Name (First, Middle Initial, Last)	Social Security Number	Date of Birth
Professional Advisors		
Please list contact information for your below	w listed advisors (Name, Firm, Telephone)	
Attorney:		
Current Accountant:		
Expectations of your CPA		
Why are you seeking a new CPA?		
How were you referred to Bohman CPA	Group?	
How frequently would you like to be in a	contact with your CPA?	
What are your expectations from your C	PA?	
Please mark all the primary services you	would like Bohman CPA Group to perform:	
Individual Tax	D Payroll	Tax Planning
Business Tax	Quarterly Financial Statements	Business Entity Choice
Bookkeeping	Year-End Financial Statements	QuickBooks Training
Other:		-

What to Bring

There are some documents you will want to collect, prior to your appointment, so that we can best serve you. Please take a moment to review the items listed and provide as many documents as available.

Individual Client Documents

Please bring the below documents with you to your appointment:

- Client intake form
- Copies of past 3 years federal and state income tax returns
- Prior year federal and state depreciation schedules (if applicable)
- Source documents such as W-2s, 1099s
- Income and expenses to date if scheduled for tax planning appointment
- Copies of any notices received from the Internal Revenue Service or other taxing agencies

For Internal Use:		
CPA:		
Meeting Date:		
Signed Letter of Engagement:		