



New Client Information Sheet

For Individuals

Entity Type	<input type="checkbox"/> 1040 - Individual Tax Return	<input type="checkbox"/> 1040NR - NonResident Individual Tax Return	<input type="checkbox"/> 709 - Gift Tax Return	Other:
Taxpayer's Legal Name (<input type="checkbox"/> check here if primary contact)		Spouse's Legal Name (<input type="checkbox"/> check here if primary contact)		
Taxpayer's SSN	Taxpayer's D.O.B.	Spouse's SSN	Spouse's D.O.B.	
Home Address			Home Phone (<input type="checkbox"/> check here if primary #)	
City:	State	Zip Code + 4 digit	County	
Mailing/Alternative Address (if different)				
City:	State	Zip Code + 4 digit	County	
Taxpayer's Email Address		Spouse's Email Address		
Taxpayer's Cell Phone (<input type="checkbox"/> check here if primary #)		Spouse's Cell Phone (<input type="checkbox"/> check here if primary #)		
Taxpayer's Work Name		Spouse's Work Name		
Taxpayer's Work Phone (<input type="checkbox"/> check here if primary #)		Spouse's Work Phone (<input type="checkbox"/> check here if primary #)		
Name Dependent 1	D. O. B.	SSN		
Name Dependent 2	D.O.B.	SSN		
Name Dependent 3	D.O.B.	SSN		
Name Dependent 4	D.O.B.	SSN		
Have you previously worked with a professional accounting firm? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, why did you stop working with them?				
Why are you currently seeking the services of a professional accounting firm?				
What services do we provide that you believe could be beneficial to you?				
Have any of your tax circumstances changed over the past three years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how?				
Are there challenges that you either currently are or you do anticipate facing in the near future? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:				
Has anyone explained to you how tax brackets work and the difference between your marginal tax rate and effective tax rate? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Has anyone ever explained the difference between tax free and tax deferred to you? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Client Communications				
What is your preferred contact method? Call <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/>				
Referred by / How did you hear about us? (Please include name)				
Do you want to have a Web Portal account set up on our Siepert website? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide an email address for the Web Portal account:				
How do you want to receive your invoices and statements? Paper <input type="checkbox"/> Email <input type="checkbox"/> Email address: _____ Web Portal <input type="checkbox"/>				