

## **New Client Intake Form**

## **Client Information**

Full Name:				
Date of Birth:	Social Security N	Social Security Number:		
Address:				
Phone Number(s):	Email:			
Spouse/Partner Information (if appl	icable)			
Full Name:				
Date of Birth:	Social Security N	Social Security Number:		
Address:				
Phone Number(s):	Email:			
Business Information (if applicable)				
Business Name:				
Business Address:				
Business Phone Number:	Business Email: _			
Business Structure (e.g., Sole Proprie	torship, LLC, Corporation):			
Tax Information				
Filing Status				
☐ Single ☐ Married filing jointly	☐ Married filing separately	$\square$ Head of household	☐ Qualifying	
widow(er) with dependent child				
Number of Dependents:				
Is there any other important tax-relat	ted information we should know	v about?		

(continued)

## (continued)

Financial Information
Annual Income (Estimated): \$ Sources of Income:
Do you have any rental income or investment income? $\square$ Yes $\square$ No
If yes, please specify:
Do you have any foreign financial accounts or assets? $\square$ Yes $\square$ No
If yes, please provide details:
Do you have any outstanding tax liabilities or tax issues? $\square$ Yes $\square$ No
If yes, please provide details:
Previous Tax Preparer (if applicable)
Name of Previous Tax Preparer:
Contact Information:
Accounting and Financial Services Needed
Please check the services you require
□ Tax Planning and Preparation
☐ Bookkeeping
☐ Financial Statements
☐ Payroll Services
□ Business Consulting
□ Retirement Planning
□ Estate Planning
□ Other (please specify):
Additional Comments or Special Instructions:
Have did you find Havily Therenes a CDA s2
How did you find Harik Thompson,CPAs?

We look forward to assisting you with your tax and financial needs. Please return this form along with any supporting documents to our office at your earliest convenience by fax or mail, or contact us for a secure upload link. Thank you!