

Bauer, Willis & Associates, Inc. New Client Information

Client Information	Taxpayer	Spouse
Full Name (first, middle, last)		
Social Security Number		
Date of Birth		
Address		
City, State, Zip Code		
Home Number		
Business Number		
Mobile Number		
E-mail Address		

*(Please note preferred phone number with *)*

Dependent Information	1	2	3
Dependent Name			
Social Security Number			
Date of Birth			
Relationship			

*(Note additional dependents on reverse side) * Information above must match dependent's Social Security Card.*

Any outstanding tax liabilities? If yes, describe _____

Been audited before? If yes, year and forms _____

Do you own any foreign bank accounts? ____ Yes ____ No

For Internal Use Only		
Client ID: _____ Client Group ID: _____ Client Type: _____ Name on Bill: _____ Billing Ptr/ Mgr: _____ Originating Ptr: _____ Staff: _____ Referred By: _____ Start Date: _____ Miscellaneous Notes: _____	<input type="checkbox"/> 1040 <input type="checkbox"/> 1040 State _____ <input type="checkbox"/> 1040 Schedule C <input type="checkbox"/> 1099- DIV <input type="checkbox"/> 1099- INT <input type="checkbox"/> 1099- MISC <input type="checkbox"/> 1099- Rent <input type="checkbox"/> 1041	<input type="checkbox"/> Tax Estimate <input type="checkbox"/> Quarter 1 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> Quarter 3 <input type="checkbox"/> Quarter 4 <input type="checkbox"/> Year-End Tax Planning <input type="checkbox"/> _____ <input type="checkbox"/> _____
Updated (Initial/ Date) I-Time _____ CCH _____ Review _____	Ltr Comm (Initial/Date) Wlc: _____ Thk: _____ Individual Tax Engagement: _____	