



NEW CLIENT DATA SHEET

Taxpayer:
Spouse:
Address:
Phone #:
Email address:

SSN #:
SSN #:
City, State, Zip:
Work phone #:
Cell phone#:

PLEASE INDICATE AREAS OF SERVICES REQUIRED

- Tax Preparation, Business Start up, Financial Consulting, Tax Planning, Insurance, Investments

Comments/Questions:

This is to verify that I (we) maintain adequate records to substantiate all items of income and deductions listed in the questionnaire as well as all other information furnished to you in connection with the preparation of my (our) income tax returns.

It is agreed that the fee for the preparation of my (our) federal and state (if any) income tax return for 2003 will be based upon the standard tax billing rates of my company and will be paid promptly upon completion of the returns.

Taxpayer Signature

Spouse Signature

Date

Date