

## New Client Profile

**Please fill out all applicable information on this form and bring with you to your consultation along with 2-3 years previous tax returns and a current driver's license.**

Please be advised that the information provided within this document is confidential. For your own personal security, we recommend either bringing this form with you to your consultation or submitting it via ShareSafe at <https://www.clientaccess.com/sharesafe/-/dpwcpas>.

### Individual Profile

#### Taxpayer Information

Name: \_\_\_\_\_  Main contact?

\_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_

#### Email Addresses:

\_\_\_\_\_  Primary?  Home  Work

\_\_\_\_\_  Primary?  Home  Work

#### Phone Numbers:

\_\_\_\_\_  Primary?  
 Home  Mobile  Work  Fax

\_\_\_\_\_  Primary?  
 Home  Mobile  Work  Fax

#### Spouse Information

Name: \_\_\_\_\_  Main contact?

\_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_

#### Email Addresses:

\_\_\_\_\_  Primary?  Home  Work

\_\_\_\_\_  Primary?  Home  Work

#### Phone Numbers:

\_\_\_\_\_  Primary?  
 Home  Mobile  Work  Fax

\_\_\_\_\_  Primary?  
 Home  Mobile  Work  Fax

Filing Status:  Single  Head of Household  Married/Joint  Married/Separate

#### Physical Address:

\_\_\_\_\_

\_\_\_\_\_

Billing/Mailing Address:  Same as Physical

\_\_\_\_\_

\_\_\_\_\_

## Dependent Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

## General Information

How did you hear about us/who referred you? \_\_\_\_\_

Communication preference:  Email  Phone  Text  Written  In Person/Meeting

Best time to contact: \_\_\_\_\_  AM  PM

Receiving/delivering documents preference:  Secure Email/Portal  In person  Mail

Deliverable preference:  Electronic (default)  Printed (bound copy)

Meeting location preference:  DPW Salem ( ADA Accessible?) **OR**  DPW Lake Oswego

Do you need assistance in any of the following areas?

Financial Planner  Banker  Attorney  Insurance Agent  Real Estate Agent

Other: \_\_\_\_\_

Would you like to receive your invoices electronically? If so, please provide the email address where you would like invoices to be sent: \_\_\_\_\_

What are your top 3 concerns/questions?

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Do you have a business?  Yes  No

-----**FOR INTERNAL USE ONLY**-----

Client ID: \_\_\_\_\_ Accountant(s) \_\_\_\_\_ Date/Time: \_\_\_\_\_

Added to Client Manager  Document(s) Scanned  PNA Project Created