



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 our Secure Portal by [clicking here](#).

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

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: _____

Our firm utilizes paperless billing, please provide the email address where you would like invoices and statements 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

Business Profile

If you have multiple businesses, please fill out this page for each business.

Business Name (include DBA): _____

EIN: _____ Fiscal Year End: _____ Web Site: _____

Phone Numbers:

_____ <input type="checkbox"/> Primary? <input type="checkbox"/> Direct <input type="checkbox"/> Work <input type="checkbox"/> Fax	_____ <input type="checkbox"/> Primary? <input type="checkbox"/> Direct <input type="checkbox"/> Work <input type="checkbox"/> Fax	_____ <input type="checkbox"/> Primary? <input type="checkbox"/> Direct <input type="checkbox"/> Work <input type="checkbox"/> Fax
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Physical Address:

Billing/Mailing Address:

Same as Physical

Business Email Addresses:

Name: _____ Primary?

Name: _____ Primary?

Business Entity Type: Sole Proprietorship Single Member LLC Partnership
 C Corporation S Corporation Nonprofit

What is the nature of your work/industry? _____

Do you have a business plan? Yes No

Bookkeeper: _____ Contact Info: _____

QuickBooks Backup? Yes No Login: _____ Password: _____

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

Client ID: _____ Client Name: _____