

New Client Data

Date: _____

Referred By _____

Services Menu (Please Choose)

Tax Preparation (Individual) _____
IRS Problems _____

Tax Preparation (Business) _____
Consultation with CPA _____

Payroll Services _____
Other Services _____

Taxpayer:

Last name _____
First name _____
Middle initial _____ Suffix _____
Social Security No _____
Occupation _____
Date of birth _____
US Citizen _____
Work Phone _____

Spouse:

Last name _____
First name _____
Middle initial _____ Suffix _____
Social Security No _____
Occupation _____
Date of birth _____
US Citizen _____
Work Phone _____

Home Address _____ Apt. No _____
City _____ State _____ Zip Code _____
Home phone _____ Cell Phone _____
Email _____ Pager # _____

Marital Status: Single ___ Married ___ Divorced ___ Separated ___

Filing Status: 1 ___ 2 ___ 3 ___ 4 ___

Dependents

First Name	Last Name	SS#	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you pay daycare expenses please provide daycare information:

Name of Provider: _____
Address: _____
Tax ID: _____

- Do you have anyone to claim as dependent __Yes NO__
- Do you own your home (principal residence) __Yes NO__
- Do you own rental real estate (investment) __Yes NO__
- Do you have a LLC or Corporation __Yes NO__
- Do you have a sole proprietor business __Yes NO__
- Do you pay rent __Yes NO__
- Were you ever audited by the IRS __Yes NO__
- Do you have any pending immigration matters. __Yes NO__
- Do you owe federal or state taxes __Yes NO__
- Do you have an IRA or a pension plan __Yes NO__
- Are you or your dependent attending college. __Yes NO__
- Did you file taxes last year __Yes NO__
- If no, enter the last year you filed taxes: _____

Office Use	1	2	3	4
CM _____	Fees _____			Notes Attached []

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Maplewood Office

Phone 973-762-7299

Fax 973-762-7292

Bloomfield Office

Phone 973-748-7100

Fax 973-748-7343

Newark Office

Phone 973-991-1891

Fax 973-991-1892