

WERNER & CO.
Certified Public Accountants

Date: _____

CLIENT INFORMATION FORM

Client Name: _____ DOB: _____ SSN #: _____

Business (if applicable): _____ EIN #: _____

Spouse Name: _____ DOB: _____ SSN #: _____

Physical Address: _____

Mailing Address (if different): _____

Dependent Name: _____ DOB: _____ SSN #: _____

Dependent Name: _____ DOB: _____ SSN #: _____

Please Select Your Preferred Method of Contact: If Other, specify: _____

Cell Phone: (_____) _____ - _____ Would you like to receive text notifications? Y N

Spouse Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

Email address: _____ Office Phone: (_____) _____ - _____

As part of our Green Initiative, Werner & Co. is going paperless as of January 1, 2020, except where paper forms are required.

Do you require a hard copy of your tax return? Yes No

Which delivery method would you prefer for your electronic copy? ___ Portal ___ USB ___ None (Paper Only)

Office Use Only

___ Drivers License has been scanned ___ Copy of prior returns received Date: _____

| Entity Type: | Projects Needed: | Year |
|---------------------|---|-------------|
| ___ Individual | _____ | _____ |
| ___ Gift | _____ | _____ |
| ___ C Corporation | _____ | _____ |
| ___ S Corporation | _____ | _____ |
| ___ Partnership | | |
| ___ LLC | Data Dropped Off at Interview: Y N Incomplete | |
| ___ Estate/Trust | Engagement Letter given/sent: Y N | |
| ___ Non-profit | | |
| ___ Other: _____ | | |

Estimated Fee: _____ CPA Meeting with Client: _____

Description of Business Activity: _____

Related Business(es) or Individual(s): _____

Source/Referral: _____ Prior Accountant: _____

Attorney: _____ Financial Advisor: _____

Notes: _____

