

Deborah I. Daniel, CPA Charter Accounting 1020 Cambridge Square Suite A Alpharetta, GA 30009 770-671-0021-office, 770-671-0108-fax

New Client Information Request			
	<b>Taxpayer</b>	<b>Spouse</b>	
First Name and Middle Initial			
Last Name			
Social Security Number			
Date of Birth			
Occupation			
Cell Phone Number			
Work Number			
Home Number			
Email		·	
Preferred Contact Method			
Address:			
<u>Dependents</u>			
Name (First, Middle Initial, Last)	Social Security Number	Date of Birth	
Optional Info:			
Please list contact information for your belo			
Attorney:			
Pension/Retirement:			

Banker:

New Clients Only:			
Why are you seeking a new CPA?			
How were you referred to Charter Account	ing		
How frequently would you like to be in con	ntact with your CPA?		
What are your expectations from your CPA	?		
Please mark all the primary services you w	ould like Charter Accounting to perform:		
☐ Individual Tax	Payroll	Tax Planning	
Business Tax	Quarterly Financial Statements	Business Entity Choice	
Bookkeeping	Year-End Financial Statements	QuickBooks Training	
Other:			
What to Bring			
There are some documents you	will want to collect, prior to your a		
<b>Individual Client Documents</b>			
Please bring the below documents with	you to your appointment:		
<ul> <li>Prior year federal and state depr</li> <li>Source documents such as W-2s</li> <li>Income and expenses to date if</li> </ul>	nd state income tax returns(if new client reciation schedules (if new clients only) s, 1099s scheduled for tax planning appointment from the Internal Revenue Service or ot		
For Internal Use:			
CPA:			
Meeting Date:			

Signed Letter of Engagement: