



BREWER • EYEINGTON • PATOUT
CERTIFIED PUBLIC ACCOUNTANTS

Client Number _____
Office _____

Tax Partner _____

Year End _____

Basic Client Information

Client/Business Name: _____

Spouse Name: _____

SSN/EIN#: _____

SSN#: _____

DOB: _____

DOB: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone #: _____

Cell Phone #: _____

Cell Phone #: _____

Office Phone #: _____

Office Phone #: _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Dependent Information

Name: _____ SS #: _____ DOB: _____

Name: _____ SS #: _____ DOB: _____

Name: _____ SS #: _____ DOB: _____

Contact Person Information

If an individual client is under the care of another individual, please place the caretaker's information in the sections below. If a business, please place the business owner or person-in-charge's contact info here.

Contact Name: _____

Contact Phone #: _____

Address: _____

Contact Email: _____

City: _____

State: _____ Zip: _____

Please see reverse side for additional information

Additional Information

What type of services are you interested in?

- ☐ Audit
☐ Business Advisory
☐ Bookkeeping
☐ Tax Preparation/Planning

Other (please explain):

Type of Return/Entity

- ☐ Individual ☐ C-Corporation ☐ S-Corporation ☐ Partnership
☐ Trust ☐ Estate ☐ Limited Liability Co. ☐ Non-Profit
☐ Sole Proprietorship ☐ Other

Other (please explain):

☐ Calendar Year ☐ Fiscal Year Fiscal Year End Date: _____

How did you hear about our firm?

- ☐ Existing Client referral If so, who referred you? _____
☐ Local Advertising ☐ Website ☐ Facebook ☐ Google +
☐ LinkedIn ☐ Bing ☐ Other (please explain) _____

We look forward to serving you!

FOR INTERNAL USE ONLY

TYPE OF RETURN

Entered in Practice _____ (please initial)

Entered in XCM _____

Entered in Document _____

Entered in Tax _____

Type of Task – XCM

Tax ☐ Form type _____

Franchise Tax ☐

Single Member LLC ☐

Bookkeeping ☐ (attach engagement letter)

Audit ☐