ASSOCIATES IN ACCOUNTING CPA

New Client Sheet - Individual - Let's talk about you!

Date ______________________________

LEGAL NAMES (as they appear on Social Security Cards)

Taxpayer Last, First, Middle ______________________ Spouse Last, First, Middle ______________________

Taxpayer Nickname ______________________ Spouse Nickname ______________________

Taxpayer Social Security Number ______________________ Spouse Social Security Number ______________________

Taxpayer Date of Birth ______________________ Spouse Date of Birth ______________________

Taxpayer Occupation ______________________ Spouse Occupation ______________________

Please circle the primary way you would like us to communicate with you.

Home Phone ______________________

Taxpayer Cell Phone ______________________ Spouse Cell Phone ______________________

Taxpayer Work Phone ______________________ Spouse Work Phone ______________________

Taxpayer Fax Number ______________________ Spouse Fax Number ______________________

Taxpayer Email ______________________ Spouse Email ______________________

Home Address ____

City ______________________ State __________ Zip ______________

County of Residence ______________________

Dependent Information *(If you need more room, please write this information on a separate sheet.)*

Legal Names (as they appear on Social Security Cards)	Relationship (Son or Daughter)	Date of Birth	Social Security Number

Do you have a Schedule C business? ○ YES ○ NO

If YES, Business Name ______________________

If YES, Does Business Require KY Form 725 ○ YES ○ NO

If YES, Software used ☐ QuickBooks, Version __________

☐ Peachtree ☐ Other __________

Password ______________________

Do you have an OL-3 account number ○ YES ○ NO

If YES, OL-3 account number ______________

If you are expecting tax refunds and would like your tax refund deposited directly from the government entities into your checking account, please provide us with a voided check.

How did you hear about our firm?

- ☐ Referred by ______________________
- ☐ Facebook
- ☐ Internet
- ☐ Twitter
- ☐ Other ______________________

We offer a free secure on-line portal to our clients. Let us know if you would like to learn more about this!

Individual Client Services/Fees
Office Use Only - To be filled in by Accountant

Engagement / Fee Estimates				
Engagement/Project	**Fee**		**Engagement/Project**	**Fee**
INDIVIDUAL CLIENT			**SCHEDULE C BUSINESS**	
TAX SERVICES			**TAX SERVICES**	
1040 (Individual)			KY 725 (Disregarded Entity)	
1040 Amend			KY 62A500 (Property Tax)	
1040 Ministers			Louisville OL-3	
1040 Past				
1040 Priority			**PAYROLL TAX**	
1040 Re-Do			Annual Payroll Tax	
1041 (Fiduciary – Estate)			Active Quarterly Payroll Tax	
1041 (Fiduciary – Trust)			Zero Quarterly Payroll Tax	
1041 Past			3Z4A Quarterly Payroll Tax	
709 (Gift Taxes)			Annual W-2	
			Annual 1099/1096	
CONSULTING			K-1 Monthly Payroll Tax (Kentucky)	
Consulting			WH-1 Monthly Payroll Tax	
Government Correspondence			Local Monthly Payroll Tax	
Tax Estimate			941 Monthly Payroll Tax	
			SALES TAX	
			Sales Tax Annual	
			Sales Tax Quarterly	
			Sales Tax Monthly	

Originator ___________________ Partner ____________________

Client ID ___________________ Manager ___________________

Accountant who met with client _________________________________ Set Up Client Portal Y N

Administrative Checklist (initial and date each line)

Set up in Practice ______________

Set up Projects ______________

Set up in Drake ______________

Set up in Doc Mgr ______________

Set up Portal ______________

Set up in Constant Contact ______________

Thank you Note ____________________

Services Agreement Package ____________________

Set up Project Envelope ____________________

Interaction Sheets in Doc Mgr ____________________

Scan new client sheet into Doc Mgr ____________________