



**LAS VEGAS CPA
PROFESSIONALS**

INNOVATIVE . PROFESSIONAL . RELIABLE

Individual New Client Information Form

How Did You Hear About Us: _____

Reason for Contacting Us: _____

Overall Expectations/Wants in Working with Us: _____

Name: _____ SSN: _____ DOB: _____

Spouse Name: _____ SSN: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile: _____ Email: _____

Spouse Mobile: _____ Spouse Email: _____

Contact Preference: _____ # of Dependents: _____

Dependent 1: Name: _____ SSN: _____ DOB: _____

Relationship: _____ Male/Female: _____ Education Expenses Y/N: _____

Dependent 2: Name: _____ SSN: _____ DOB: _____

Relationship: _____ Male/Female: _____ Education Expenses Y/N: _____

Office Use Only (please circle):

Type: Client Staff Owner Vendor Industry Type: Retail Individual Restaurant Service Other Unknown

Client type: Client Prospect Source: HPL Organic Referral Account Executive: Astrid Stephanie

Staff Checklist (initial): Added to FP _____ Saved New Client Form _____ Added to Shared Drive _____