

TANGIBLE ACCOUNTING, PLLC

CLIENT CONFIDENTIAL INFORMATION SHEET

Today's Date: _____ Referred By: _____
Name: _____ SS#: _____
Age: _____ Date of Birth: _____ Spouse Age: _____ Spouse Date of Birth: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Spouse Name: _____ SS#: _____
Cell Phone: _____ Spouse Cell Phone: _____
E-mail address: _____ Spouse E-mail address: _____
Occupation: _____ Spouse Occupation: _____
Gross Income: _____ Spouse Gross Income: _____

Self-Employed Business Information

Business Name: _____ d/b/a: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Business Phone: _____ E-mail address: _____
Employer Identification Number (EIN #): _____ Start Date: _____
Type of Business: _____ Type of Entity Formation: _____
Gross Income: _____ Gross Expenses: _____

Bookkeeping:

Do you have an accounting system (i.e. Quickbooks)? Do you have a business bank account?
Yes _____ No _____ Yes _____ No _____
Quickbooks Export: **Please Invite** CSV file format: **Please Upload**

Individual and Business Tax Resolution

Do you have a balance due to IRS? Do you have a balance due to the State?
Yes _____ No _____ Which years? _____ Yes _____ No _____ Which years? _____
Tax Types Balance due? What is your balance due?
Personal ___ Business ___ Payroll ___ Other ___ Amount \$ _____

Consumer Information

Home: Rent _____ Own _____ Lease Option: _____ Other _____
Are you planning to purchase a home or re-finance?
Yes _____ No _____
What is your current consumer rating?
Poor _____ Fair _____ Good _____ Excellent _____

Asset Protection and Estate Planning

Do you have a Will? Do you have Life Insurance?
Yes _____ No _____ Yes _____ No _____
Do you have a Trust? Do you have a Retirement Plan:
Yes _____ No _____ Yes _____ No _____

Bank Information:

Checking: _____ Savings: _____ Bank Name: _____
Routing Number: _____ Account Number: _____