

Taylor Elite Enterprises LLC

Accounting Services

NEW CLIENT FORM

FULL NAME: _____

DOB: _____ EMAIL: _____ SSN: _____

PHONE: _____ CELL: _____

PREFERRED CONTACT METHOD: EMAIL CELL

PHYSICAL ADDRESS: _____

Is your mailing address the same as your physical address: yes no

MAILING ADDRESS: _____

MARITAL STATUS: MARRIED SINGLE DIVORCED WIDOWED

SPOUSE NAME: _____

SPOUSE DOB: _____ SPOUSE SSN: _____ EMAIL: _____

BUSINESS NAME & ADDRESS: _____

GE- _____ EIN: _____ TYPE: _____

SERVICES:

PERSONAL TAX FILING BUSINESS TAX FILING FINANCIAL PLANNING

PERSONAL TAX PREP BUSINESS TAX PREP PERSONAL BOOKKEEPING

BUSINESS BOOKKEEPING BUSINESS STARTUP BUSINESS CERTIFICATIONS

PLEASE TELL ME WHO YOU FILED YOUR TAXES WITH PREVIOUSLY? _____

PREVIOUS YEAR AGI? _____

ARE THERE ANY OTHER TOPICS YOU WOULD LIKE TO DISCUSS? NO YES, DESCRIBE BELOW

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DEPENDENT NAME: _____

CIRCLE ONE: MALE FEMALE DOB: _____ SSN: _____

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