

# New Client Questionnaire

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Today's Date: \_\_\_\_\_

Your Full Name \_\_\_\_\_

Nickname \_\_\_\_\_

SS # \_\_\_\_\_ Birthdate \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Spouse Full Name \_\_\_\_\_

Nickname \_\_\_\_\_

SS # \_\_\_\_\_ Birthdate \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Anniversary \_\_\_\_\_

Zip Code \_\_\_\_\_

Dependent Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

Dependent Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

Dependent Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

Dependent Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

What type of help do you need (circle all that apply)? Tax / Accounting / Financial Planning / Business Coaching / Other

How did you hear about the Darnell CPA PLLC? \_\_\_\_\_

Do you want to subscribe to our monthly e-newsletter? Yes No If so, we will register you for it using the e-mail listed above.

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## Business Information (Only complete if you are a business owner)

Business Name \_\_\_\_\_ Nature of Business \_\_\_\_\_

Business Type (circle one) C Corp S Corp Multi Member LLC Single Member LLC EIN \_\_\_\_\_

Physical Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone # \_\_\_\_\_ Business email \_\_\_\_\_

Software \_\_\_\_\_ Number of Employees \_\_\_\_\_ Number of Owners \_\_\_\_\_

Financial Statement Basis of Accounting \_\_\_\_\_ Tax Basis of Accounting \_\_\_\_\_

Payroll? Yes No Payroll Company \_\_\_\_\_ Retirement Plan? Yes No Retirement Plan Type \_\_\_\_\_

Business website \_\_\_\_\_ Are you on Facebook? Yes No

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## For Administrative Use Only:

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