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NEW CLIENT CHECKLIST

Date: _____ Office: _____ Client #: _____

Name: _____ Spouse's Name: _____

Address: _____

Home Phone: _____

Cell: _____ Spouse's Cell: _____

Email: _____ Spouse's Email: _____

Birthdate: _____ Spouse's Birthdate: _____

SS #: _____ Spouse's SS #: _____

Children's Names:	Birthdates:	SS #:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes: _____

Referred by: _____

Please provide the following to our office:

- | | | |
|--|---|---|
| <input type="checkbox"/> Prior Year Tax Return | <input type="checkbox"/> Business Income/Expenses | <input type="checkbox"/> Rental Property |
| <input type="checkbox"/> W-2s | <input type="checkbox"/> Real Estate Taxes | Income/Expenses |
| <input type="checkbox"/> 1099s | <input type="checkbox"/> Other Taxes | <input type="checkbox"/> Other Income (i.e. gambling) |
| <input type="checkbox"/> 1098 | <input type="checkbox"/> Medical Insurance | <input type="checkbox"/> Donations |