

GEORGE H. HERRO
CERTIFIED PUBLIC ACCOUNTANT, S.C.

Business and Tax Advisors

CONFIDENTIAL NEW CLIENT INFORMATION FORM
PLEASE COMPLETE AND RETURN TO US PRIOR TO OUR FIRST MEETING

Client/s Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail _____ E-Mail (2) _____

Married _____ Single _____ Divorced _____ Widow(er) _____ Number of Children _____

Date of Birth _____ Age _____ Date of Birth _____ Age _____

Occupation _____ Self-Employed(Y/N) _____ Occupation _____ Self-Employed(Y/N) _____

Attorney Name _____ Other Advisor Names _____

Whom may we thank for referring you? _____

Questions you have _____

(Please do not write below line)

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Observations _____

Other data/interests _____

1040 Business(Sch C/1120/1120S/1065/LLC/LLP/1041/990) Payroll ST-12 New(SS4/BTR)

FQ M/Q _____ Acct: G J V Meeting date _____ Meeting time _____

New business startup/new cpa client form 073015

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