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| --- | --- |
| Date: |  |
| Client ID: |  |

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| **PROSPECTIVE NEW CLIENT FORM** **(SELF EMPLOYED)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of firm representative: | | | | Haley Bartholow | | | | | | | | | | | | | | Email: | | | haley@bowdentanner.com | | | | | |
| Name of taxpayer: | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Name of spouse: | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| How did you hear about us? | | | | | | Ad  Drive/Walk By  Online  Referred by: | | | | | | | | | | | | | | | |  | | | | |
| Mailing address: | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | | | | | State: | | | |  | | | | | Zip: |  |
| Preferred/primary phone number? | | | | | | | |  | | | | | | | | E-mail: | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **QUESTIONNAIRE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1).** Have you used any of our services before? | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | | |
| Specify: |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2).** Filing Status? | | Single  Married Filing Joint  Married Filing Separate  Head of Household  Qualifying Widower | | | | | | | | | | | | | | | | | | | | | | | | |
| **3).** What is/are your occupation(s)? | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **4).** Are you single, married, divorced, or widowed? | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| If married, divorced, or widowed, when? | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| *(Please specify the date if your marital status changed during the last two years).* | | | | | | | | | | | | | | | | | | |
| If widowed, do you have the death certificate? | | | | | | | | | | | | | | No  Yes | | | | |  | | | | | | | |
| If widowed, was the decedents estate probated? | | | | | | | | | | | | | | No  Yes | | | | |  | | | | | | | |
| **5).** Do you have dependents? | | | | | No  Yes | | | | | | | | If yes, how many? | | | | | |  | | | | | | | |
| If yes, please list their names and DOB(s): | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **6).** If divorced with dependents, does the decree specify which party claims the dependents? | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | |
| Specify: |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7).** Are you current on your tax filings? | | | | | | | | | | Yes  No | | | | | | | If no, specify last tax year of filing: | | | | | | |  | | |
| **8).** Who prepared your most recent tax filing? | | | | | | | | | | | | CPA  Tax Preparation Company  Self | | | | | | | | | | | | | | |
| **9).** How may the firm assist you? | | | | | | | Consulting  Small Business Services  Tax Preparation  Other | | | | | | | | | | | | | | | | | | | |
| Specify: |  | | | | | | | | | | | | | | | | | | | | | | | | | |

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|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10).** Do you have income or assets outside the United States? | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | |
| Specify: | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **11).** Do you itemize or take the standard deduction? | | | | | | | | | | | | | | | Itemize  Standard | | | | | | | | | | | |
| **12).** Do you have a Health Savings Account? | | | | | | | | | | | | No  Yes  Other: | | | | | | | | | | |  | | | |
| **13).** What type of earnings do you have? | | | | | | | | Self-Employed  W-2 | | | | | | | | | | | | | If W-2s, how many? | | |  | | |
| **14).** Do you collect retirement benefits? | | | | | | | | No  Yes  Other: | | | | | | | | | | | | |  | | | | | |
| If yes, how many sources do you collect from? | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **15).** Do you own any rental properties? | | | | | | | No  Yes | | | | | | | | | If yes, how many units do you own? | | | | | | | | |  | |
| If yes, please list address(es): | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| If yes, how do you track income and expenses for the rentals? | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **16).** Do you report farming operations on your income tax return? | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | |
| If yes, what is the principal product? | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| If yes, is it profitable or do we need to consider farm loss limitations? | | | | | | | | | | | | | | | | | | | | | | Profitable  Farm Losses | | | | |
| Specify: |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **17).** Do you have any gambling earnings? | | | | | | | | | No  Yes  Other: | | | | | | | | | | |  | | | | | | |
| **18).** Do you have any tax components or specific concerns you would like to discuss further when we meet? | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **19).**  Do you own a business? | | | No Yes | | | | | | | | | | | If yes, please fill out Schedule C addendum below: | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SCHEDULE C ADDENDUM FOR SELF-EMPLOYED TAXPAYERS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1).** How long have you been self-employed? | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **2).** What is your main profession/product? | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **3).** What is your Federal Identification Number? *(If applicable)* | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **4).** What year did you start your business? | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **5).** How do you track your business income and expenses? | | | | | | | | | | | | | | | | QB Desktop  QB Online  Taxpayer Prepared Summaries | | | | | | | | | | |
| **6).** Approximately what were your gross sales for last year? | | | | | | | | | | | | | | | | | | $ | | | | | | | | |
| **7).** Approximately what were your total expenses for last year? | | | | | | | | | | | | | | | | | | $ | | | | | | | | |
| **8).** Approximately what was your net profit for last year? | | | | | | | | | | | | | | | | | | $ | | | | | | | | |
| **9).**  Do you use a vehicle for this business? | | | | | | | | | | No  Yes | | | | | | | | | | | | | | | | |
| If so, how do you track expenses? | | | | |  | | | | | | | | | | | | | | | | | | | | | |

Bowden & Tanner, LLC will review the information provided in this form. Upon approval, a fifteen-minute meet and greet may be scheduled at your request. Longer meetings including consultation time will be charged based on the firm’s standard consultation rate. ($195.00 per hour)

**We ask that you wait to schedule until you have all your documents. Bring all documents that apply.**

Documents to bring to the initial meet and greet may include the following:

|  |  |
| --- | --- |
| * **Photo ID** * **Social Security Cards, Social Security Number verification letters, or Individual Taxpayer** * **Identification Number assignment letters**for you, your spouse, and any dependents * **Birthdates**for you, your spouse, and dependents on   the tax return | * **Bank account and routing number**or a voided check for direct deposit of your refund * **Identity Theft Protection Pin (IP PIN)** if applicable * **Prior year tax return, including depreciation schedules if you have business activities** * **All tax related forms** (W-2’s, 1099’s, brokerage 1099’s, etc.) |

**We will be in touch with you soon. Thank you for your interest in our firm!**

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