



www.grimaldisolutions.com
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New Client Information

Name _____ Spouse's Name _____
Date of Birth _____ Spouse's Date of Birth _____
SS# _____ Spouse's SS# _____
Drivers Lic Number: _____ Drivers Lic Number: _____
Issue Date: _____ Exp Date _____ Issue Date: _____ Exp Date _____
Address _____
Phone () _____ - _____ Other Contact # _____
e-mail address _____

For individual returns only:

Child name	Date of Birth	SS#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are your expectations of our office? _____

What services are you looking for? (circle all applicable)

Taxes:

Individual- years _____

Partnership- years _____

Corporate- years _____

Estate- years _____

Gift - years _____

Non-profit Organization- years _____

Benefit Plans- years _____

IRS Representation Services:

Corporate-please explain _____

Non-profit-please explain _____

Individual-please explain _____

Company Name: _____

Entity Type: Single Member LLC/Schedule C _____ Partnership Form 1065 _____

C Corporation Form 1120 _____ S Corporation Form 1120S _____

Accounting Services:

Bookkeeping _____

Payroll _____

Would you like us to file your quarterly and year end reports? _____

Other Services: _____

In the past three years have you been audited by the IRS? _____

If so, please explain _____

In the past three years have you been audited by any states? _____

If so please explain _____

How did you hear about us?

Attorney _____ Phone Book _____

Letter _____ Friend _____

Other _____

Please list names and phone numbers for the following contacts

Prior Accountant: _____

Attorney: _____

Financial Advisor: _____

Bank: _____

Insurance Company: _____

Signature _____ Date _____

Spouse's Signature _____ Date _____

For Office Use Only

Client ID- _____

Engagement- _____

Project- _____

Activities- _____
