MAS CPA, LLC
TAX COMPLIANCE ADVISORY SUPPORT

CLIENT INTAKE FORM

CLIENT PERSONAL INFORMATION

Taxpayer Name:

Taxpayer SSN#:

Taxpayer DOB:

Spouse Name:

Spouse SSN#:

Spouse DOB:

Mailing Address:

City, State:

Taxpayer Email:

Taxpayer Phone:

Spouse Email:

Spouse Phone:

COMPANY INFORMATION

Name:

Address:

Contact Person:

% of Ownership:

Tax Filings Up to Date: (Y or N)

FEIN:

Check Business Type:

Sole Proprietor

Partnership

S-Corp

LLC

C-Corp

Trust

Yrs in Business:

Activity Type:

Fiscal Yr End:

Hi GET#:

COMPANY INFORMATION

Name: Address:

Contact Person: % of Ownership: Tax Filings Up to Date: (Y or N) FEIN:

Check Business Type: Sole Proprietor Partnership S-Corp LLC C-Corp Trust

Yrs in Business: Activity Type: Fiscal Yr End: Hi GET#:

SERVICES REQUIRED

Tax preparation Advisory (Tax Planning) Bookkeeping Payroll Other:

NOTES ABOUT SERVICE REQUIRED

DEPENDENT INFORMATION

NAME	DATE OF BIRTH	SSN#	RELATIONSHIP

IMPORTANT PROFESSIONALS (Attorney, Investment Broker, TPA Pension, Bookkeeper, Other)

NAME	PHONE	EMAIL	RELATIONSHIP