

# Client Intake Form



Please fill in all applicable information

Taxpayer Information	Taxpayer		Significant Other		
First Name					
Middle Initial					
Last Name					
Preferred Name					
Date of Birth (01/01/1980)					
Social Security Number					
Phone Number (Please include area code)					
Mobile Number (Please include area code)					
Email Address (For client portal and client emails)					
Preferred Method of Communication?	<input type="checkbox"/> Phone calls <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Other: _____				
Address Information	Address 1	Address 2	City	ST	Zip
Mailing Address					
Physical Address (If different than mailing)					
Business	Main Contact		Alternate Contact		
First Name					
Middle Initial					
Last Name					
Preferred Name					
Title					
Phone Number (Please include area code)					
Email Address (For client portal and client emails)					
Preferred Communication for Updates?	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Deliver <input type="checkbox"/> Other: _____				
Preferred Billing Method?	<input type="checkbox"/> Mail <input type="checkbox"/> Email				
Business Information					
Entity/DBA name (If applicable)					
Entity Type					
EIN					
State(s) sell into					
State(s) payroll paid					
Mailing Address					
Physical Address (If different than mailing)					
List of Returns (Please list returns we are to prepare for your businesses, trusts, foundations, nonprofits or other individuals)	SSN/EIN		Contact Person for Returns (If different than above)		
Important Notes:					
SKR+CO Team (To be completed by internal staff)	Entity Code	Partner	Manager	Staff	