

Susko Wealth Management, LLC

New Client Questionnaire

Today's Date: _____

Your Full Name _____

Spouse's Full Name _____

Nickname _____

Nickname _____

SS# _____ D.O.B. _____

SS# _____ D.O.B. _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Cell # _____ Work # _____

Cell # _____ Work # _____

Home # _____ Fax # _____

Anniversary _____

Email _____

Email _____

Address _____

City, State _____ County _____ School District _____

Dependent's Name _____ SS# _____ D.O.B. _____

Dependent's Name _____ SS# _____ D.O.B. _____

Dependent's Name _____ SS# _____ D.O.B. _____

Dependent's Name _____ SS# _____ D.O.B. _____

Which type of help do you need? (Circle all that apply)

Tax / Accounting / Financial Planning / Business Consulting / Other

Do you have ownership or are the beneficiary of anything else? Yes No

If yes, please explain _____

How did you hear about Susko Wealth Management, LLC? _____

If you own a business, please see reverse side.



Business Information (Only complete if you are a business owner.)

Business Name _____ Nature of Business _____

Business Type (Circle one.)

C Corp S Corp Multi Member LLC Single Member LLC

Physical Address _____

Business Phone _____ Business Email _____

Number of Owners _____ Number of Employees _____

Financial State Basis of Accounting _____ Tax Basis of Accounting _____

Payroll? Yes No Payroll Company _____

Retirement Plan Yes No Plan Type _____

Business Website _____