## WILLIAM A. NEIN, CPA, LLC NEW CLIENT INFORMATION WORKSHEET

DATE:	REFERRED BY:		PARTNE	₹:	FEE QUOTED:					
TAXPAYER NAME	_(FIRST)	(MI) (LAST)								
PRIMARY:				_SSN:	-	-	DOB	1	1	
SPOUSE:				SSN:	-	-	DOB	1	1	
ADDRESS:				_						
(MAILING / AS IT										
APPEARS ON				_						
TAX RETURN)										
PHONE (HOME):		(WORK):	(CELL):							
		(WORK):	(CELL):							
EMAIL:										
EMAIL:										
	(FIRST)	(MI) (LAST)								
DEPENDENTS:				_SSN	-	-	DOB	1	1	
				_SSN	-	-	DOB _	1	1	
				_SSN	-	-	DOB	1	1	
				SSN	-	-	DOB	1	1	
EMPLOYER /				OCCUPATION:						
				OCCUPATION:						
BUSINESS NAME				EIN (IF SELF-EMPLOYED)						
				DATE OF INCORPORATION:						
COMMENTS:										

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