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

DATE:	REFERRED BY:		PARTNEF			FEE QU	OTED:		
TAXPAYER NAME	(FIRST)	(MI) (LAST)							
PRIMARY:				_SSN:	-	-	DOB	/	/
SPOUSE:				SSN:	-	-	DOB	/	/
ADDRESS:									
MAILING / AS IT									
APPEARS ON				_					
TAX RETURN)									
PHONE (HOME):		(WORK):	(CELL):						
		(WORK):	(CELL):						
EMAIL:									
Email:									
	(FIRST)	(MI) (LAST)							
DEPENDENTS:				_SSN	-	-	DOB	/	/
				_SSN	-	-	DOB	/	/
				_SSN	-	-	DOB	/	/
				SSN	-	-	DOB	/	/
EMPLOYER /				OCCUPATION:					
				OCCUPATION:					
BUSINESS NAME				EIN (IF SELF-EMPLOYED)					
				DATE OF INCORPORATION:					
COMMENTS:									
(719) 687-1925		P.	AKE AVE, STE 2W O. BOX 7030 ND PARK, CO 80863					FAX: (719) 553-57