

DAVID H. ANGLISS, C.P.A
NEW CLIENT QUESTIONNAIRE

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Social Security Number: _____

Spouse Name: _____ Social Security Number: _____

Occupation: _____

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Office Telephone: _____ Fax: _____ Office Hours: _____

Federal ID# _____ State ID# _____

Service Desired: _____

Referred by: _____

Fee arrangements: _____

Initial one hour consultation (No charge)

Retainer required - Amount \$ _____

Hourly rates discussed

Billing cycle and payment period

Engagement letter required Date Sent _____