RIDIHALGH FUELLING SNITKER WEBER & CO., CPAS, P.C.

CLIENT INFORMATION FORM

Please complete all sections to help us serve you efficiently and accurately.

1. PERSONAL INFORMATION

Full Name: _____DOB: _____SSN: _____

Spouse's Name (if applicable): _____DOB: _____SSN:_____

2. CONTACT INFORMATION

Address: _____City: _____ State: _____ ZIP: _____

Phone: _____Email: _____

Phone: _____Email: _____

3. DEPENDENTS (If Applicable)

1. Name: _____ DOB: _____ SSN: _____Relationship:_____
2. Name: _____ DOB: _____ SSN: _____ Relationship:_____
3. Name: _____ DOB: _____ SSN: _____ Relationship:_____
4. Name: _____ DOB: _____ SSN: _____ Relationship:_____

(List additional in Section 7, if applicable)

4. BUSINESS & BOOKKEEPING (If Applicable)

Do you own a business or rental activity? ☐ Yes ☐ No

Name: _____ EIN (if applicable): _____

Type of Business:

☐ Sole Proprietor (Schedule C, E, or F)
☐ Corporation (C-Corporation or S-Corporation)
☐ Partnership
☐ LLC (please indicate tax type for your LLC: sole proprietor, s-corporation, partnership):_____
☐ Other (please describe): _____

Bookkeeping Method Used:

☐ QuickBooks ☐ Excel ☐ Paper Ledger ☐ Other: _____

Do you need bookkeeping or reconcile services? ☐ Yes ☐ No **Do you need payroll services?** ☐ Yes ☐ No

Do you need sales tax services? ☐ Yes ☐ No **Other services needed?**_____

continued on next page

5. TAX HISTORY & CHANGES

When was the last year you filed income tax returns? _____

Have you provided a complete copy of your most recently filed income tax returns? ☐ Yes ☐ No (NOTE: we will need three years if you have an active farm operation)
Please ensure the tax return copy includes Depreciation Schedules, if applicable.

Any major changes we should know about (marriage, job, home, new business etc.)?_____
_____

6. REFERRAL & ADVISOR PREFERENCES

Preferred RFSW Tax Advisor (if any): _____

How did you hear about us?
☐ Referral (Name): _____
☐ Google/Search
☐ Social Media
☐ Walk-in
☐ Advertisement
☐ Other: _____

7. ADDITIONAL NOTES OR QUESTIONS

_____
_____
_____
_____

8. BANK INFORMATION

Tax authorities are beginning to transition away from issuing paper refund checks.
Please include a voided check OR Financial Institution Name, Routing Number, Account Number, and Account Type (checking/savings) for a personal bank account for us to keep on file even if you don't typically receive refunds.

9. CERTIFICATION

I have reviewed the above information for accuracy,

Signature: _____**Print**:_____**Date:** _____