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Wehner Accounting & Tax, Inc.

New Client Intake Form

Name(s): _____

Cell: (____) _____ - _____ Cell: (____) _____ - _____

E-mail: _____ Email: _____

Address: _____

City, State and Zip Code: _____

Home Phone: (____) _____ - _____

Dependents name(s) & birthday(s):

Expectations of your CPA (not required *but helpful*):

1. Why are you seeking a new CPA? _____

2. How were you referred to Wehner Accounting & Tax?

3. How frequently would you like to be in contact with your CPA?

4. What are your expectations from your CPA?

5. Please list the primary services you would like Wehner Accounting & Tax to perform:
