

GREAT LAKES CPA'S
New Individual Client Information Sheet

- Please return to us via:
1. Upload to our secure portal
 2. Fax to 440-871-5419
 3. Drop off at our office

Please do not email or use regular mail.

For Office Use Only

Client # _____

| | |
|-----------|--|
| Partner | |
| Manager | |
| Associate | |

Correspondence:

Newsletter

Portal

- €1040/8879
- €Schedule C client?
- €CAT Tax Q or A (circle one)
- €1099
- €1041/8879F
- €5500
- €Special Project

Routing:

- €Ultra Tax
- €Practice
- €Outlook

Bank Account:

Routing # _____

Account# _____

Taxpayer's Name _____

Salutation "Dear" _____

Address _____

City _____ State ____ Zip _____

Phone # (_____) _____ - _____

Email _____

Date of Birth ____/____/____

SSN _____-____-_____

DL # _____ State _____

Issue Date: _____ Expiration Date: _____

Spouse's Name _____

Phone # (_____) _____ - _____

Email _____

Date of Birth ____/____/____

SSN _____-____-_____

DL # _____ State _____

Issue Date: _____ Expiration Date: _____

Dependents:

| Name: | DOB: | SSN: | Tax Return Needed: |
|-------|------|------|--------------------|
| | | | |
| | | | |
| | | | |