



**ALL CLIENTS – MAIN CONTACT / TAX MATTERS PERSON:**

Check best method of contact

Name: \_\_\_\_\_  
First M Last  email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_  Alternate Phone: \_\_\_\_\_

Who can we thank for referring you to us? \_\_\_\_\_

**INDIVIDUAL TAX CLIENTS: (Taxpayer & Spouse,  Check best method of contact)**

Taxpayer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
First M Last

Social Security #): \_\_\_\_\_ Birthdate: \_\_\_\_\_  email: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_  Alternate Phone: \_\_\_\_\_ Foreign Bank Acct? \_\_\_\_\_

**Spouse Information:**

Spouse Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
First M Last

Social Security #): \_\_\_\_\_ Birthdate: \_\_\_\_\_  email: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_  Alternate Phone: \_\_\_\_\_ Foreign Bank Acct? \_\_\_\_\_

**Dependent Information:**

Name: \_\_\_\_\_ SS# \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ SS# \_\_\_\_\_ Birthdate: \_\_\_\_\_

**SELF EMPLOYED / SOLE PROPRIETOR:**

Business Name: \_\_\_\_\_

Principal Business or Profession \_\_\_\_\_

Main Phone # and Email for Business \_\_\_\_\_  
If different from above

**AS A NEW CLIENT, PLEASE READ AND SIGN THE ATTACHED LETTER OF ENGAGEMENT.  
IN ADDITION, A RETAINER MAY BE REQUIRED.**

For office use only: Client Number: \_\_\_\_\_ UT: \_\_\_\_\_ FC: \_\_\_\_\_ PRACTICE: \_\_\_\_\_

Notes/Engagements/Projects from CPA:  
Staff Assignment from CPA:

**Vashon Island**

PO Box 1935 206 463-9944 office  
10007 SW Bank Road 206 686-5004 fax  
Vashon, WA 98070-1935 www.islandcpas.com

**San Juan Island**

425 Caines Street 360 378-2496 office  
Suite A 360 378-2662 fax  
Friday Harbor, WA 98250 www.islandcpas.com