



Arlyce Cleveland, LTD

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

New Client Questionnaire

Today's Date: _____

Your Full Name _____

Birthdate _____ SS # _____

Occupation _____

Employer _____

Primary Phone _____

Alt Phone _____

Email _____

Address including zip-code _____

Spouse Full Name _____

Birthdate _____ SS # _____

Occupation _____

Employer _____

Primary _____

Phone _____ Alt _____

Phone _____

Email _____

Resident City or Township _____ Resident County _____ Rent or Own _____

Dependent Name _____

Birthdate _____ SS # _____

Dependent Name _____

Birthdate _____ SS # _____

Dependent Name _____

Birthdate _____ SS # _____

Dependent Name _____

Birthdate _____ SS # _____

What type of help do you need (circle all that apply)? Tax / Accounting / Financial Planning / Business Coaching / Other _____

Do you have income from another state? If yes, please list _____

Do you have ownership / investment in any business or are a beneficiary of any trust? Yes No Please list _____

Business Information (Only complete if you are a business owner)

Business Name _____ Nature of Business _____

Business Type (circle one) C Corp S Corp Multi Member LLC Sole Proprietorship Single Member LLC

EIN _____

Do you have a Minnesota ID number? Yes ___ ID number _____ No _____

Physical Address _____

Business Phone # _____ Business email _____

Software _____ Number of Employees _____ Number of Owners _____

Financial Statement Basis of Accounting _____ Tax Basis of Accounting _____

Payroll? Yes No Payroll Company _____ Retirement Plan? Yes No Retirement Plan Type _____

Business website _____

How did you hear about our firm? _____