



# 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 \_\_\_\_\_

Resident City or Township \_\_\_\_\_

Resident County \_\_\_\_\_

Rent or Own \_\_\_\_\_

Dependent Name \_\_\_\_\_

Birthdate \_\_\_\_\_ SS # \_\_\_\_\_

Dependent Name \_\_\_\_\_

Birthdate \_\_\_\_\_ SS # \_\_\_\_\_

Spouse Full Name \_\_\_\_\_

Birthdate \_\_\_\_\_ SS # \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Primary Phone \_\_\_\_\_

Phone \_\_\_\_\_ Alt \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

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? \_\_\_\_\_