



Arlyce Cleveland, LTD

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

New Client Questionnaire

Today's Date: _____

Your Full Name _____

Nickname _____

SS # _____ Birthdate _____

Occupation _____

Employer _____

Cell Phone _____ Work Phone _____

Fax _____

Email _____

Home Phone _____

Address _____

Spouse Full Name _____

Nickname _____

SS # _____ Birthdate _____

Occupation _____

Employer _____

Cell Phone _____ Work Phone _____

Fax _____

Email _____

Anniversary _____

Resident City or Township _____ Resident County _____

Dependent Name _____ Birthdate _____

Dependent Name _____ Birthdate _____

Dependent Name _____ Birthdate _____

Dependent Name _____ Birthdate _____

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

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 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 _____ Are you on Facebook? Yes No

How did you hear about our firm? _____

Would you like to receive our monthly newsletter? Yes ___ No ___

Please send to this email address: _____

Accountant: _____