

CLIENT DATA SHEET

For Individuals

Client ID	Group with
Employee's legal name	
Spouse's legal name	
Salutation: (Mr)	
Home address	
Mailing address	
Home phone	Home fax
Cell phone	Email address

Employment Information

Employee ☐ (check box if primary contact)	Spouse ☐ (check box if primary contact)
Employed by	Employed by
Type of business	Type of business
Phone	Phone
Fax	Fax
Email	Email

Account Information

Engagement Partner	Billing Staff	Current Staff	2 nd Partner	Tax partner
Year end	Fee estimate	Mark billing rates up/down (%)	Pay fee to	
☐ New client questionnaire		Other note		
☐ Engagement letter ☐ Cancelled ☐ ☐ Sample attached		Other note		

File Preparation

Check all that apply:

☐ Billing file	
☐ Workpaper file(s)	Other
☐ Permanent workpaper file	
☐ Tax Memo(s)	Other
☐ Permanent Tax file	
☐ MCA file	Other
☐ Other (specify)	

☐ Audit file is	☐ File name
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