SHAH & TRIVEDI CPA, PLLC

Certified Public Accountants and Wealth Planners

CONFIDENTIAL INDIVIDUAL CLIENT QUESTIONNAIRE

FULL NAME **(PRIMARY TAXPAYER)**		SOC SEC #	D.O.B.
HOME PHONE:	WORK PHONE:	MOBILE PHONE:	
EMAIL (1)			
EMAIL (2)			
EMPLOYER		OCCUPATION	LENGTH OF EMPLOYMENT

IMPORTANT FRINGE BENEFITS: _______Pension Plan ________Health Insurance _______Life Insurance ________Cafeteria Plan _______Other

FULL NAME **(SPOUSE)**		SOC SEC #	D.O.B.
HOME PHONE:	WORK PHONE:	MOBILE PHONE:	
EMAIL (1)			
EMAIL (2)			
EMPLOYER		OCCUPATION	LENGTH OF EMPLOYMENT

IMPORTANT FRINGE BENEFITS: _____ Pension Plan ____Health Insurance ____ Life Insurance ____Cafeteria Plan ____ Other__________________

ADDRESS:		
CITY	ST	ZIP

Would you like to receive our Monthly Newsletter? YES / NO

DEPENDENT INFORMATION (Please list children and other dependents)

Name	Relationship	D.O.B.	Soc Sec #	Resides with you?

Service Related Questions:

How did you hear about Shah & Trivedi CPA, PLLC?	
Who was your previous CPA firm?	
Reason for changing CPA firm?	
What were your fees with your previous CPA firm?	
Do you have life and health insurance? If no, are you interested in having one? If yes, are you satisfied with your policy?	
Are you interested in learning more about education funding?	
Are you interested in learning more about retirement planning?	
What is your preferred method of investing? ____Do it yourself ____Use a Broker ___Other	
How would you rate your level of risk with your investments? ____ High ______ Moderate ________Low	
Do you have an established Estate Plan?	Do you have a Trust?
Is your Will current?	Who is your attorney?
Please list your most important service issues and expectations from us:	

Please provide us with the last 3 years of your Federal and State Tax Returns