



New Client Intake Form

If you have questions regarding the information on this form, please contact Colleen McLaughlin at 215-343-2727 or cmclaughlin@bbco-cpa.com.

Please 'Save As' form using 'last name, first name' as the file name.

For the security of your personal information DO NOT E-MAIL completed form.

Completed forms should be uploaded via SafeSend at www.bbco-cpa.com or mailed to PO Box 754, Warrington, PA 18976.

| | Taxpayer | Spouse |
|------------------------|----------|--------|
| Social security number | _____ | _____ |
| First Name | _____ | _____ |
| Last Name | _____ | _____ |
| Occupation | _____ | _____ |
| Date of Birth (DoB) | _____ | _____ |
| Address | _____ | |
| Address 2 | _____ | |
| City/State/Zip code | _____ | |
| Mobile phone | _____ | _____ |
| Home phone | _____ | _____ |
| Work phone | _____ | _____ |
| Email | _____ | _____ |

Preferred contact for tax matters? Taxpayer Spouse

Preferred method of contact? Phone Mobile E-mail

Dependents

| First name | Last name | DoB | SS # | Relationship | Months in Home | Daycare expenses paid |
|------------|-----------|-------|-------|--------------|----------------|-----------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Please provide the following if you would like your refund direct deposited:

Financial institution _____ Financial institution routing number _____

Your account number _____ Type of account Checking Savings

Mark if married filing jointly and this is a joint account

How did you hear about us? Friend: _____ Professional Advisor: _____

Online Search Other: _____

Additional information: _____

| | | | |
|--|-------------------------------------|-----------------------------------|-----------------------------|
| Bee, Bergvall & Co. use only: | | | |
| <input type="checkbox"/> Warrington | <input type="checkbox"/> Doylestown | <input type="checkbox"/> Richboro | <input type="checkbox"/> RB |