

GOODING O'HARA & MACKEY, PS

Certified Public Accountants

New Client Intake Form – *Please print clearly*

	Taxpayer		Spouse	
First Name & Middle Initial		<i>Nickname:</i>		<i>Nickname:</i>
Last Name				
Social Security #				
Occupation				
Date of Birth (m/d/yy)				
Date of Death (m/d/yy) (if applicable)				
Mailing Address (Street, City, State, Zip +)				
Physical Address (Winter, etc.) (Street, City, State, Zip+)				
Best Daytime phone #	Home	Work	Mobile	(circle one)
Home Phone				
Work Phone (Ext)				
Mobile Phone				
Email Address				

	Dependent	Dependent	Dependent	Dependent
First Name & Initial				
Last Name				
Date of Birth (m/d/y)				
Social Security #				
Relationship				

OFFICE USE ONLY	CPA: AO / JM / NO
DATE: _____ APPT DATE: _____	_____ Input prior return for organizer
_____ Assign client number: _____	_____ Check diagnostics
_____ Enter client info into Practice Solutions	_____ Pro-forma to current year
_____ Enter base info into Lacerte (year _____)	_____ Print Organizer
_____ Create new folder in ShareFile	_____ Lacerte Status: __Prior year __Current year
_____ Blue cover sheet	_____ Reviewed by
_____ Yellow processor sheet (non-K1s)	
_____ Create file (R/L tab, label & stamp front)	Fee estimate _____
_____ Receive and copy prior returns	