

CLIENT INFORMATION FORM

ROOKS CPA, PLLC

AND/OR

ROOKS WEALTH MANAGEMENT, PLLC

INDIVIDUAL ACCOUNT INFORMATION:

Name: _____ SS# _____ Spouse: _____ SS# _____

D/O/B: _____ Spouse D/O/B: _____ Number of Dependents: _____

Children(s):Name _____ SS# _____ D/O/B _____ Dependent? yes no

Children(s):Name _____ SS# _____ D/O/B _____ Dependent? yes no

Children(s):Name _____ SS# _____ D/O/B _____ Dependent? yes no

Children(s):Name _____ SS# _____ D/O/B _____ Dependent? yes no

Children(s):Name _____ SS# _____ D/O/B _____ Dependent? yes no

Mailing Address: _____ City _____ State _____ Zip _____

Physical Address: _____ City _____ State _____ Zip _____
(If different from mailing address)

Home Phone: _____; Cell Phone(s) _____:

Work Phone: _____; _____ Fax: _____

Home Email Address: _____ Work Email Address: _____

Add'l Email Address: _____ Add'l Email Address: _____

Marital Status: _____ Anniversary Date: _____ Hobbies & Interest: _____

BUSINESS/EMPLOYMENT INFORMATION:

Business Name: _____ FEIN: _____

Contact Name and Title: _____ Asst. Name & #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____
(if different from mailing address)

Work Phone: _____ Cell Phone _____ Fax# _____

Business Email Address: _____ Company Web Site: www. _____

Circle Type of Entity: LLC Single Member LLC Corp. S-Corp Partnership Trust Estate Sole Proprietor

Bank Reference: _____ Bank Account #: _____ Bank Location: _____

Est. Liquid Net Worth: _____ Est. Net Worth: _____ Est. Annual Income _____
(exclusive of home)

Copy of Driver's License: Y N New Client Update Existing Client Information PM ENG J

(FOR OFFICE USE ONLY)

Client ID: _____ Date Client was Established: _____ Eng. Letter Status: _____

Client Referred by: _____ CCT CC Group _____ Other _____

BUDGET HOURS: Planning/Consulting _____ Preparation _____ Reviewing _____

Proofing & Assembling _____ Scanning & Filing _____ Courier _____ Other _____

ROOKS CPA SERVICES

ANNUAL TAX RETURNS:

| | | | |
|--------------------------|---------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | 1040 (Individual Tax) | <input type="checkbox"/> | 1065 (LLC – Form 1065) |
| <input type="checkbox"/> | 1120 (Corporate) | <input type="checkbox"/> | 1040 (Single Member LLC) |
| <input type="checkbox"/> | 1120S (S-Corporate) | <input type="checkbox"/> | 990 (Not-for-Profit) |
| <input type="checkbox"/> | 1065 (Partnership Tax) | <input type="checkbox"/> | 709 (Gift Tax Return) |
| <input type="checkbox"/> | 1041 (Trust) | <input type="checkbox"/> | 706 (Estate Tax Return) |
| <input type="checkbox"/> | 5500 (Empl. Benefit Plan) | <input type="checkbox"/> | |
| <input type="checkbox"/> | | <input type="checkbox"/> | |

WRITE-UP:

| | | | |
|--------------------------|-----------------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | Florida Intangible | <input type="checkbox"/> | Form 940 - Annual |
| <input type="checkbox"/> | Personal Property County: | <input type="checkbox"/> | Form 941 – Quarterly |
| <input type="checkbox"/> | Gross Receipts Due Date: / / | <input type="checkbox"/> | SUTA |
| <input type="checkbox"/> | Sales Tax M Q A State: | <input type="checkbox"/> | FUTA |
| <input type="checkbox"/> | Contractors License Due Date: / / | <input type="checkbox"/> | W-2's, W-3 |
| <input type="checkbox"/> | Form 945 - Annual | <input type="checkbox"/> | 1099's, 1096 |
| <input type="checkbox"/> | | <input type="checkbox"/> | |

FINANCIAL STATEMENTS:

| | | | | | | | | | |
|--------------------------|-------------------------------|--------------------------|---------|--------------------------|-----------|--------------------------|---------------|--------------------------|----------|
| <input type="checkbox"/> | COMPILED FINANCIAL STATEMENTS | <input type="checkbox"/> | Monthly | <input type="checkbox"/> | Quarterly | <input type="checkbox"/> | Semi-annually | <input type="checkbox"/> | Annually |
| <input type="checkbox"/> | REVIEWED FINANCIAL STATEMENTS | <input type="checkbox"/> | Monthly | <input type="checkbox"/> | Quarterly | <input type="checkbox"/> | Semi-annually | <input type="checkbox"/> | Annually |
| <input type="checkbox"/> | AUDITED FINANCIAL STATEMENTS | <input type="checkbox"/> | Monthly | <input type="checkbox"/> | Quarterly | <input type="checkbox"/> | Semi-annually | <input type="checkbox"/> | Annually |
| <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |

Computer Consulting: _____

ROOKS WEALTH MANAGEMENT SERVICES ** Need copy of Drivers License **

**Bank reference, account number, bank location section needs to be completed on the front of form

**Beneficiary, SSN, DOB, %