NEW CLIENT FORM

RADER & RADER
CERTIFIED PUBLIC ACCOUNTANTS
AND FINANCIAL ADVISORS
Serving Central Indiana Since 1964

☐ *INDIVIDUAL ONLY* ☐ *BUSINESS ONLY* ☐ *BOTH*

PART 1 – INDIVIDUAL/BUSINESS PRIMARY CONTACT (ALSO COMPLETE PART 4 IF YOU HAVE DEPENDENTS)

PRIMARY CONTACT

Name (First and Last) ____________________

Social Security Number ____________________ Date of Birth ____________________

Email Address ____________________

Mobile Phone ____________________ Other Phone ____________________ Type ____________________

Mailing Address ____________________

Occupation ____________________

Preferred Method of Communication ☐ Email ☐ Mobile # ☐ Business # ☐ Other #

Preferred Method of Invoice Delivery ☐ Email ☐ Mail

Preferred Method of Work Delivery ☐ Paperless ☐ Paper

If business owner, list ownership percentage. ____________________

SPOUSE INFORMATION ☐ CHECK IF N/A

Name (First and Last) ____________________

Social Security Number ____________________ Date of Birth ____________________

Email Address ____________________

Mobile Phone ____________________ Other Phone ____________________ Type ____________________

Occupation ____________________

Preferred Method of Communication ☐ Email ☐ Mobile # ☐ Business # ☐ Other #

Does the spouse want portal notifications in addition to the primary contact? Y / N

INTERNAL USE ONLY

1040 Client ID ____________________ Billing Parent Client ID, if applicable ____________________

Client Tags (Check all that apply.)

☐ L1 ☐ L2 ☐ RFS ☐ PaperOrg ☐ Estimates ☐ Client Level ______ ☐ Dependent

PART 2 – BUSINESS INFORMATION

BASIC INFORMATION

Business Name: ______________________________

Entity Type: ☐ S Corporation ☐ Partnership ☐ Corporation ☐ Single Member LLC
☐ Sole Proprietor ☐ Trust ☐ Non-Profit

Federal ID Number ______________________ Industry ______________________

Accounting Method ☐ Cash ☐ Accrual

Business Location Address ______________________________

Business Mailing Address (if different) ______________________________

Business Phone ______________________

Preferred Method of Invoice Delivery ☐ Email ☐ Mail

Preferred Method of Work Delivery ☐ Paperless ☐ Paper

ACCOUNTING SOFTWARE & PAYROLL PROCESSING

Check the box next to the program you use. Then, indicate the version and year, if applicable.

☐ QuickBooks Desktop Version (Circle): Enterprise / Contractor / Plus / Other __________ Year: ______

☐ Peachtree/Sage Year: __________

☐ QuickBooks Online Version (Circle): Simple Start / Essentials / Plus / Advanced

☐ Other: ______________________________

Do you currently have payroll for your business? Y / N

If yes, what program or payroll processor do you use? ______________________________

ADDITIONAL INFORMATION

Does your business have more than one shareholder/partner? Y / N

Does your business have any additional non-owner contacts (billing, bookkeeper, etc) Y / N

If you answered yes to either question, complete Part 3 on the next page.

INTERNAL USE ONLY

Client ID ______________ Billing Parent Client ID, if applicable ______________

Client Tags (Check all that apply.)

☐ PTET ☐ QBO ☐ RFS ☐ Estimates ☐ ExemptPPT ☐ Client Level ______

PART 3 – ADDITIONAL OWNERS AND/OR CONTACTS

ADDITIONAL CONTACT #1 - CHECK ALL TYPES THAT APPLY

☐ Owner ☐ Billing Contact ☐ Bookkeeper ☐ Other

Name (First and Last) ______________________________

Email Address ______________________________

Phone Number ______________ Type ______________

Does this contact need portal access? Y / N

If owner and/or needs portal access:

Social Security Number ______________ Ownership Percentage ______________

ADDITIONAL CONTACT #2 - CHECK ALL TYPES THAT APPLY

☐ Owner ☐ Billing Contact ☐ Bookkeeper ☐ Other

Name (First and Last) ______________________________

Email Address ______________________________

Phone Number ______________ Type ______________

Does this contact need portal access? Y / N

If owner and/or needs portal access:

Social Security Number ______________ Ownership Percentage ______________

ADDITIONAL CONTACT #3 - CHECK ALL TYPES THAT APPLY

☐ Owner ☐ Billing Contact ☐ Bookkeeper ☐ Other

Name (First and Last) ______________________________

Email Address ______________________________

Phone Number ______________ Type ______________

Does this contact need portal access? Y / N

If owner and/or needs portal access:

Social Security Number ______________ Ownership Percentage ______________

PART 4 – DEPENDENT INFORMATION – FOR INDIVIDUAL TAX RETURN CLIENTS ONLY

DEPENDENT #1

Name (First and Last) ____________________

Social Security Number ____________________ Date of Birth ____________________

DEPENDENT #2

Name (First and Last) ____________________

Social Security Number ____________________ Date of Birth ____________________

DEPENDENT #3

Name (First and Last) ____________________

Social Security Number ____________________ Date of Birth ____________________

DEPENDENT #4

Name (First and Last) ____________________

Social Security Number ____________________ Date of Birth ____________________

DEPENDENT #5

Name (First and Last) ____________________

Social Security Number ____________________ Date of Birth ____________________

DEPENDENT #6

Name (First and Last) ____________________

Social Security Number ____________________ Date of Birth ____________________

DEPENDENT #7

Name (First and Last) ____________________

Social Security Number ____________________ Date of Birth ____________________

PART 5 – HELP US GET TO KNOW YOU BETTER

IF YOU'VE WORKED WITH A CPA IN THE PAST, WHAT DID YOU LIKE ABOUT IT?

IF YOU'VE WORKED WITH A CPA IN THE PAST, WHAT DID YOU DISLIKE ABOUT IT?

DO YOU HAVE ANY TAX OR FINANCIAL GOALS AND/OR CHALLENGES THAT YOU'D LIKE TO SHARE WITH US? PLEASE SHARE THEM BELOW.