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For Office Use Only:		
Prep	_____	
Skill Set	_____	
Review	_____	
Return Type	_____	
Return Year	_____	
Projects (M)	(PR)	(BK)
Referred By	_____	
Prior Year Return Rec'd	Y	N

### Client Information – Individual & Business

#### Individual:

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 SS#: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Preferred Phone #1: \_\_\_\_\_ Preferred Email1: \_\_\_\_\_  
 Preferred Phone #2: \_\_\_\_\_ Preferred Email2: \_\_\_\_\_

#### Dependent(s) Information:

Names/Date of Birth/SSN:

_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Business Information:

Company Name: \_\_\_\_\_  
 Company Type: Corp (S-Corp, C-Corp): \_\_\_\_\_ Partnership: \_\_\_\_\_ Single Member LLC/Sole Prop: \_\_\_\_\_  
 EIN #: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Company Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

YES \_\_\_\_\_ NO \_\_\_\_\_ I consent to receiving communication via SMS/text.  
 YES \_\_\_\_\_ NO \_\_\_\_\_ I consent to receiving invoices for services via the email address I have provided in lieu of a paper copy.  
 Billing Email address if different from above: \_\_\_\_\_

TAX RETURN DELIVERY PREFERENCE (Select one): \_\_\_\_\_ Digital \_\_\_\_\_ Paper Only  
 CLIENT ORGANIZER DELIVERY PREFERENCE (Select one): \_\_\_\_\_ Portal \_\_\_\_\_ Paper Mailed \_\_\_\_\_ Paper Pick Up \_\_\_\_\_ None

\_\_\_\_\_ ***Our policy is for payment to be made when the work is completed. In the event the returns are electronically filed, payment is expected prior to submitting the E-file. Other options for payment should be discussed prior to completion of the work.***  
 (Please Initial)