

REHFELDT GROUP

CERTIFIED PUBLIC ACCOUNTANTS

General Client Information Sheet

Full name (Taxpayer):		Is this our primary contact? Yes No	D.O.B.:
Mobile phone:	Home phone:	Work phone:	Preferred phone:
Email:		Contact by phone or email?	
Mailing address:			
City:		State:	Zip:

Full name (Spouse):		Is this our primary contact? Yes No	D.O.B.:
Mobile phone:	Home phone:	Work phone:	Preferred phone:
Email:		Contact by phone or email?	

Additional contact name (if applicable, POA, PR, etc):		Is this our primary contact? Yes No	Title? (POA, etc.)
Mobile phone:	Home phone:	Work phone:	Preferred phone:
Email:		Contact by phone or email?	
Mailing address:			
City:		State:	Zip:

Dependent name:	Dependent D.O.B.:	Resides with you?

What don't you like about dealing with your current accountant?
What do you like about dealing with your current accountant?
What is your most important service issue?

How did you hear about Rehfeldt Group, P.A.?
Please provide us with the last 2 years of your tax returns

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