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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 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)