

**Michael A. Gordon, CPA, LLC...NOT YOUR BASIC BEAN COUNTER
NEW CLIENT INFORMATION SHEET - INDIVIDUAL**

Today's Date: _____

Please fill out the following information and bring this in with you for your appointment. Thanks!

YOUR INFORMATION

(last, first, middle initial) _____ *(date of birth)* _____
 Your Name _____
 Spouse Name _____
 Street Address _____
 City _____ State _____ Zip _____

Please put a check mark in the box indicating the best # to contact you and/or your spouse:

Home phone () _____ - _____ Spouse work phone () _____ - _____
 Your work phone () _____ - _____ Spouse cell phone () _____ - _____
 Your cell phone () _____ - _____

Your e-mail _____ Spouse e-mail _____
 Your profession _____ Spouse profession _____

DEPENDENT INFORMATION N/A (No dependents)

Name	Date of Birth	Social Security Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOW DID YOU HEAR ABOUT US? *Please check any box that applies. Thanks!*

Newspaper Referred by someone _____
 Attended one of Mike's classes Drove by building Other _____
 Heard Mike speak in the community Yellow pages Other _____

WHO ARE YOUR ADVISORS? *List any below (leave blank if none)*

Attorney: _____
 Life Insurance Agent: _____
 Property/Casualty Insurance Agent: _____
 Financial Planner: _____
 Bank: _____
 Other: _____