

HAC Certified Public Accountants Inc.

CLIENT INTAKE FORM



Certified Public Accountants Inc.

USE OF YOUR INFORMATION: The information you provide on this form will be used in all our databases. Please be sure you review your information carefully. Thank you.

PRIMARY CONTACT FOR HAC Certified Public Accountants Inc. INFORMATION:

NOTE: The Primary Contact's email address & mailing address will be used for all HAC Certified Public Accountants Inc. correspondence and sensitive tax information.

68 Mitchell Blvd. Ste 240
 San Rafael, CA 94903
 www.haccpas.com
 415.472.4225

Client (First, MI, Last) _____ DOB _____ SS# _____

Spouse (First, MI, Last) _____ DOB _____ SS# _____

Home Address _____

Home City _____ State _____ Zip _____

EMAIL ADDRESSES: Please read our email policy.

Primary Email _____

2nd Email _____

3rd Email _____

HAC Certified Public Accountants Inc. Email Address Policy: We require a valid, working email address. The PRIMARY EMAIL is our mailing address where sensitive tax material may be sent. You will need to check your email periodically for important due dates and information we send out.

PHONE NUMBERS: Please check the box to indicate your preferred contact number.

Business Phone _____ Main #

Home Phone _____ Main #

Cell Phone #1 _____ Main # Belongs To _____

Cell Phone #2 _____ Main # Belongs To _____

Other - _____ Main # Belongs To _____

REFERRAL SOURCE: If you were referred to **HAC Certified Public Accountants Inc.** please let us know who referred you.

Referred By _____

INVESTMENT REAL ESTATE: Do you currently own any investment real estate or rental properties?

Yes No

ESTATE PLANNING: Do you have a Will or Trust?

Yes — If Yes: is it a Will or Trust Will Trust Other - Describe _____

DEPENDENT INFORMATION:

First, Middle, Last	Date of Birth	Social Security Number

HEALTH INSURANCE PREMIUMS: How are your health insurance premiums paid?

- We pay our own premiums
- Paid through spouse's employer - Describe _____

If you have other employees in a business, do you provide health insurance coverage?

(Not including you or your spouse)

- Yes
- No
- Unsure - Describe _____

HEALTH SAVINGS ACCOUNTS: Are you eligible to contribute to an HSA account with your insurance plan?

- Yes
- No
- Unsure

If Yes, Are you funding your HSA? _____

RETIREMENT ACCOUNTS: What type of retirement account do you currently have?

- IRA
- Roth IRA
- SEP
- SIMPLE IRA
- Solo 401k
- Defined Benefit Plan
- Regular 401k
- I don't know what type of account I have
- None

Other-Describe _____

Is funding your retirement account a priority to you?

- Yes
- No
- Unsure

Do you have other employees eligible for contributions?

- Yes
- No
- Unsure

Are you interested in learning how to self-direct retirement funds?

- Yes
- No
- Unsure

SPECIAL REQUESTS OR SPECIFIC INSTRUCTIONS:

If you have a Corporation or LLC, please complete the **HAC Certified Public Accountants Inc.** Company Profile form. Please complete one form per company.

FOR HAC Certified Public Accountants Inc. USE ONLY:

- S - Corp
- C - Corp
- LLC - Disregarded
- LLC - Partnership
- LLC - S - Corporation
- LLC - C - Corporation

S-Corp Election _____

Date Business Started _____

Date First Wages _____

Special Instructions _____



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