



# TCPA PLC

CERTIFIED PUBLIC ACCOUNTANTS

## General Data:

Taxpayer Name: \_\_\_\_\_

SSN: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Spouse Name: \_\_\_\_\_

SSN: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Taxpayer Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Spouse Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Taxpayer Email: \_\_\_\_\_ Spouse Email: \_\_\_\_\_

Dependents: \_\_\_\_\_

SSN: \_\_\_\_\_ D.O.B. \_\_\_\_\_

I agree to receive text communication for reminders and updates from TCPA, PLC

## Entity Information:

Legal Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Primary Business Activity/Type: \_\_\_\_\_

Entity: Sole Proprietor \_\_\_\_ Partnership \_\_\_\_ S-Corporation \_\_\_\_ C-Corporation \_\_\_\_

Date of Incorporation: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Calendar / Fiscal Year \_\_\_\_\_ If Fiscal, what is year-end? \_\_\_\_\_

Gross Yearly Revenue: \_\_\_\_\_ Number of employees: \_\_\_\_\_



# TCPA PLC

CERTIFIED PUBLIC ACCOUNTANTS

## Officer Information:

Officers Name	Title	%Ownership
1. _____		
2. _____		
3. _____		

## Operations

Please provide a brief overview of your business goals:

\_\_\_\_\_  
\_\_\_\_\_

## Top 3 business issues/problems:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

## Why TCPA PLC?

1. How did you hear about us?

\_\_\_\_\_  
\_\_\_\_\_

## 2. What services are you interested in?

Business Tax Return (Corporate / Partnership / Non-Profit)

\_\_\_\_ Tax Planning

\_\_\_\_ Bookkeeping

\_\_\_\_ Payroll / Payroll Taxes

\_\_\_\_ Creation of a Trust

\_\_\_\_ Individual Income Tax Return