

L.A. MILLER

CPA • PSC

INDIVIDUAL 1040

Schedule C? Y/N _____ Name of Sched C: _____ Date: _____

Primary Name: _____ Email: _____

SS# _____ - _____ - _____ Date of Birth _____ - _____ - _____

Phone Number: _____ May we leave a message at this number: Y N

Spouse: _____ Email: _____

SS# _____ - _____ - _____ Date of Birth _____ - _____ - _____

Phone Number: _____ May we leave a message at this number: Y N

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address(if different from above): _____ Zip: _____

DEPENDENT(S):

Name: _____ Age: _____ Date of Birth: _____ - _____ - _____

SS# _____ - _____ - _____

Name: _____ Age: _____ Date of Birth: _____ - _____ - _____

SS# _____ - _____ - _____

ADDITIONAL INFORMATION:

How did you hear about us? _____

Who previously prepared your return? _____ Did you provide us with it? Y N

Will we need to prepare 1099s for you? Y N

If so, Estimate _____

Will we need to prepare W2s for you? Y N

If so, Estimate _____

Type of client:

Construction	Entertainment/ Professional Athletes	Estate/ Trust
Factoring Company	Financial Institution	Government
Health Care Organizations	Health Care Professionals	Individuals
Insurance Agency	Insurance Company	Manufacturing
Non Profit	Real Estate Developers	Retail
Unions	Restaurant	Vet
Real Estate	Other: _____	

ADMINISTRATIVE USES ONLY:
 Practice CS __ ULRA TAX __ Routing Sheet __
 Outlook __

CIRCLE ALL RETURNS THAT APPLY:
 CITY COUNTY SECRETARY OF STATE
 PROPERTY TAX RETURN