

**COWAN, EPPERSON & ASSOCIATES, P.C.
CLIENT ACCEPTANCE FORM**

TO BE COMPLETED BY CLIENT

Primary SSN/FEIN# _____ Spouse SSN _____ (Required)

Background Information

Client name: _____

Primary DOB: _____ Date of Birth _____

Contact: _____

Salutation: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: Cell Primary _____ Home _____ Cell Spouse _____ Business _____

Do you have Children? _____ Yes _____ No

Name _____ Name _____

SSN _____ SSN _____

Date of Birth _____ Date of Birth _____

Full-time student _____ YES _____ NO Full-time student _____ YES _____ NO

OFFICE USE ONLY

Client # _____ Partner _____ Date _____ Ref. Source _____

Type of Business: _____

Year-End: _____

Entity: _____ Individual _____ Partnership _____ Sub S Corporate _____ Sub C Corporate

_____ N-F-P _____ Other: _____

System Set-Up

	Yes	No	By	Date
Add to Master Client Service List	_____	_____	_____	_____
Create Drawer	_____	_____	_____	_____
Drake	_____	_____	_____	_____
Scan Prior Year Tax Return	_____	_____	_____	_____
Add to Sales Tax List	_____	_____	_____	_____
Add to PR Tax List	_____	_____	_____	_____
Assign To: _____				