

# Albertson & Jones, P.A.

CPAs and Advisors

## Welcome!

We want to welcome you into our client community. We are privileged and honored to work with you to achieve your goals. To help us get started, we ask that you complete the following attached fillable New Client Form. In addition, please provide the following items if applicable:

### Individual Clients

- ❖ **Prior three years individual tax returns**
- ❖ **Prior three years tax forms (W-2, 1099, K-1, etc.)**

### Business Clients

- ❖ **Prior three years business tax returns**
- ❖ **Prior years payroll reports provided to taxing authorities (Forms 941, 940, 943 for farmers, NC-5, NCUI 101, NC-3, W-2, and W-3)**

If you have any questions as you complete the New Client Form or gather the requested documents, please do not hesitate to call us at 910-298-4856 or email us at [cpa@albertsonjones.com](mailto:cpa@albertsonjones.com). We look forward to working with you!

Thank you again.

*Albertson & Jones, P.A.*

**Albertson & Jones, P.A.  
Client Information Form**

**Personal Information**

|                                  | Taxpayer | Spouse |
|----------------------------------|----------|--------|
| <b>Last Name</b>                 |          |        |
| <b>First Name</b>                |          |        |
| <b>Middle Initial and Suffix</b> |          |        |
| <b>Social Security Number</b>    |          |        |
| <b>Occupation</b>                |          |        |
| <b>Work Phone/Extension</b>      |          |        |
| <b>Email Address</b>             |          |        |
| <b>Cell Phone</b>                |          |        |
| <b>Birth Date</b>                |          |        |

**Mailing Address**

**City, State, and Zip**

**Home Phone**

**Fax**

**Filing Status**

|                                  |                            |
|----------------------------------|----------------------------|
| <b>Single</b>                    | <b>Head of household</b>   |
| <b>Married filing jointly</b>    | <b>Qualified widow(er)</b> |
| <b>Married filing separately</b> |                            |

**Dependent Information**

| Full Name (first name, middle name, last name, suffix) | Social Security Number | Birthdate | Relationship |
|--|------------------------|-----------|--------------|
|  |                        |           |              |
|  |                        |           |              |
|  |                        |           |              |

How did you hear about us?

Please describe