

**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: \_\_\_\_\_ Spouse DOB: \_\_\_\_\_

Contact: \_\_\_\_\_

Salutation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: Home - Primary \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_ 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 \_\_\_\_\_ Source \_\_\_\_\_

Type of Business: \_\_\_\_\_

Year-End: \_\_\_\_\_

Entity: \_\_\_\_ Individual \_\_\_\_ Partnership \_\_\_\_ Sub S Corporate \_\_\_\_ Sub C Corporate

\_\_\_\_ N-F-P \_\_\_\_ Other: \_\_\_\_\_

**System Set-Up**

Assign Client # \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Create Drawer \_\_\_\_\_

Thank you note \_\_\_\_\_

To: \_\_\_\_\_

Scan Prior Year Tax Return \_\_\_\_ Yes \_\_\_\_ No

Assign to \_\_\_\_\_

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Telephone: Home - Primary \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_ 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 \_\_\_\_\_ Source \_\_\_\_\_

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Scan Prior Year Tax Return \_\_\_\_ Yes \_\_\_\_ No

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