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**Sarah Sutton, CPA, Partner**

## **NEW CLIENT INFORMATION FORM**

### **TAXPAYER INFORMATION**

Complete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: Mobile: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

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

Alternate Email Address: \_\_\_\_\_

### **SPOUSE INFORMATION**

Complete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

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

Alternate Email Address: \_\_\_\_\_

### **DEPENDENT INFORMATION**

Complete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Complete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Complete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Page 2 Name: \_\_\_\_\_

**DEVELOPING A NEW BUSINESS:** YES ☐ NO ☐

**BUSINESS INFORMATION (if applicable)**

Business Name : \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

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

**SERVICES DESIRED (Check all the apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> 990 Non- Profit   | <input type="checkbox"/> 1120 Corporation     |
| <input type="checkbox"/> 1040 Individual   | <input type="checkbox"/> 1120S S-Corporation  |
| <input type="checkbox"/> 1041 Estate/Trust | <input type="checkbox"/> Payroll Services     |
| <input type="checkbox"/> 1065 Partnership  | <input type="checkbox"/> Bookkeeping Services |
| <input type="checkbox"/> Other: _____      |   |

**Referred By:** \_\_\_\_\_

Our fees for tax services will be based in part upon the amount of time required at our standard billing rates for the personnel working on the engagement, plus out-of pocket expenses. All invoices are due and payable upon presentation. [Amounts not paid within 30 days from the invoice date will be subject to a late payment charge of 1.5% per month (18% per year). If for any reason the account is turned over to an attorney for collection, an additional charge of 33 1/3% will be added to cover collection costs.

In the event of a dispute related in any way to our services, our firm and you agree to discuss the dispute and, if necessary, to promptly mediate in a good faith effort to resolve. We will agree on a mediator, but if we cannot, either of us may apply to a court having personal jurisdiction over the parties for appointment of a mediator. We will share the mediator's fees and expenses equally, but otherwise will bear our own attorneys' fees and mediation cost. Participation in such mediation shall be a condition to either of us initiating litigation. In order to allow time for the mediation, any applicable statute of limitations shall be tolled for a period not to exceed 120 days from the date either of us first requests in writing to mediate the dispute. The mediation shall be confidential in all respects, as allowed or required by law, except our final settlement positions at mediation shall be admissible in litigation solely to determine the prevailing party's identity for purposes of the award of attorneys' fees.

I have read and accept the items stated above.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_