

Questionnaire – Mike Habib, EA myirstaxrelief.com 1-877-78-TAXES

DATE

REFERRED BY?

CLIENT NAME

CLIENT COMPANY

TAX MATTER INQUIRY – describe your tax matter in few lines

CLIENT ONBOARD INFORMATION

HOME PHONE	
CELL PHONE	
OTHER PHONE	

HOME ADDRESS	

POSITION/BUSINESS TITLE	
SUPERVISOR	
DEPARTMENT	

WORK ADDRESS	

TAX YEARS INVOLVED

AMOUNT TAXES OWED

ARE YOU PREVIOUS CLIENT?

OUTCOME / EXPECTATION

FOR FIRM USE ONLY – do not complete this section

**CREDIT CARD
AUTHORIZATION**

I, _____, do hereby authorize Mike Habib, EA to charge

my _____ a non-refundable earned on receipt retainer
Type of Card

For consultation, in the amount of \$ _____.

Card Holders Name

Card Number

Expiration Date

CVV Number

Credit Card Billing Address

Date

Signature of Card Holder