



## New Client Information – Trust/Estate

TRUST/ESTATE NAME \_\_\_\_\_

TAX ID #: \_\_\_\_\_

NAME/TITLE OF FIDUCIARY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE (PLEASE CHECK PREFERRED NUMBER)

EMAIL (PLEASE CHECK PREFERRED EMAIL)

\_\_\_\_\_ H C W  
\_\_\_\_\_ H C W

\_\_\_\_\_  
\_\_\_\_\_

DATE OF ESTABLISHMENT: \_\_\_\_\_

PREVIOUS ACCOUNTANT: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

How did you hear about us?

Services needed:

|                            |
|----------------------------|
| ADMINISTRATIVE<br>USE ONLY |
| QB                         |
| PS                         |
| SF                         |
| (Y:)                       |
| File                       |
| 2848                       |