JIMERSON TAX AND ACCOUNTING, LLC
CERTIFIED PUBLIC ACCOUNTANT

CONFIDENTIAL INDIVIDUAL CLIENT QUESTIONNAIRE

FULL NAME (**PRIMARY TAXPAYER**)		SOC SEC #	D.O.B.
HOME PHONE:	WORK PHONE:	MOBILE PHONE:	
EMAIL (1)			
EMAIL (2)			
EMPLOYER		OCCUPATION	LENGTH OF EMPLOYMENT

IMPORTANT FRINGE BENEFITS: ____ Pension Plan ____Health Insurance ____ Life Insurance ____Cafeteria Plan ____ Other_____

FULL NAME (**SPOUSE**)		SOC SEC #	D.O.B.
HOME PHONE:	WORK PHONE:	MOBILE PHONE:	
EMAIL (1)			
EMAIL (2)			
EMPLOYER		OCCUPATION	LENGTH OF EMPLOYMENT

IMPORTANT FRINGE BENEFITS: ____ Pension Plan ____Health Insurance ____ Life Insurance ____Cafeteria Plan ____ Other_____

ADDRESS:		
CITY	ST	ZIP

DEPENDENT INFORMATION (Please list children and other dependents)

Name	Relationship	D.O.B.	Soc Sec #	Resides with you?

FINANCES

Name of Firm	Contact Name / Advisor	Level of Satisfaction

Current fee relationship with advisors (hourly, percentage of assets, etc)

Do you think the fees charged were fair?	If not, why:

Have you informed your previous Accountant/Advisor that you were meeting with us?

Do you have an outstanding balance with your previous Accountant/Advisor?

What is your preferred method of investing? ___ Do it yourself ____Use a Broker ____Other _____

How would you rate your level of risk with your investments? _____ High _____ Moderate _____Low

Do you have an established Estate Plan?	Do you have a Trust?
Is your Will current?	Who is your Attorney?

SERVICE RELATED QUESTIONS:

How did you hear about JTA, LLC?

Please list your most important service issues:

OPTIONAL INFO

PROFESSIONAL AFFILIATIONS

VOLUNTEER ACTIVITIES

CHARITIES SUPPORTED

PERFERRED HOBBIES

Please provide us with the last 3 years of your Federal and State Tax Returns