

**YOUNGMAN ERICSSON SCOTT, LLP  
CLIENT INFORMATION SHEET**

**CLIENT INFORMATION:**

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

**File No:** \_\_\_\_\_

**By completing this form, I understand, acknowledge and agree to be responsible for all charges, including the initial office conference.**

**Client Names:** \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**Email Addresses:** \_\_\_\_\_

\_\_\_\_\_

**Phone Numbers:**

**(Home)** \_\_\_\_\_ **(Business)** \_\_\_\_\_

**(Cell)** \_\_\_\_\_ **(Fax)** \_\_\_\_\_

**Name:** \_\_\_\_\_

**(Cell)** \_\_\_\_\_ **(Other)** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Please provide the name of any business you own. This may affect our planning.**

**Business Name:** \_\_\_\_\_

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

\_\_\_\_\_

**Business Type:** [S Corp; C Corp; Partnership, etc.:] \_\_\_\_\_

**Referred by or how you heard of us:** \_\_\_\_\_

**Please note that under no circumstances do we give free consultations without prior agreement. Our billing rates are on display in the front reception area and you are welcome to ask any questions about our billing practices. Our current rates are subject to change without notice. Thank you.**

**NOTES:** \_\_\_\_\_

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