

# NannyTax, Inc. New Client Information Form

**Please complete top section only (bolded) before faxing to us. Thank you.**

A note about our policies...we will never share your information with anyone (EVER, PERIOD, END OF DISCUSSION)

**How did you hear about us:** \_\_\_\_\_

**Today's date:** \_\_\_\_\_ **Please complete and fax to: (212) 867-2045**

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

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

**City, State, Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Work Tel:** \_\_\_\_\_ **Work Fax:** \_\_\_\_\_

**Home Tel:** \_\_\_\_\_ **Home Fax:** \_\_\_\_\_

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

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***We'll need this if you become a client....***

Taxpayer SSN \_\_\_\_\_ Spouse SSN \_\_\_\_\_

Date Started: \_\_\_\_\_ Date first wage: \_\_\_\_\_

Live-in or Live- out: \_\_\_\_\_ Weekly wage: \_\_\_\_\_

Discuss workers compensation and disability issues with client:    Wants it    YES / NO

Fee Quote:            Start up \_\_\_\_\_    Quarterly: \_\_\_\_\_

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***For NannyTax, Inc. Office Use Only***

Register in:	Husband	Wife	Both	names.	By	Date
1. Welcome letter and POA					_____	_____
2. Email address in AOL					_____	_____
3. Copy of bill to bookkeeper					_____	_____
4. ID number application to IRS					_____	_____

5. Enter fed I.D. Number into computer

\_\_\_\_\_

\_\_\_\_\_

6. Letter D to client

\_\_\_\_\_

\_\_\_\_\_

7. Start up forms to client (W-4, I-9)

\_\_\_\_\_

\_\_\_\_\_

8. State registrations (income, labor)

\_\_\_\_\_

\_\_\_\_\_

9. Enter state numbers into computer

\_\_\_\_\_

\_\_\_\_\_

10. WC/DBL application (discuss with AG)

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\_\_\_\_\_