

## CAROLINA TAX, TRUSTS & ESTATES

## **NEW CLIENT INTAKE FORM**

Please fill out this form the best you can. We need to know this information in order to effectively assist you. As always, all the information you supply to us will be kept STRICTLY CONFIDENTIAL.

All our forms are in PDF "fillable" format; meaning, these documents can be filled out using an Adobe program so you may type your responses. Be sure to save the document first and then type in your responses. When you are done filling out the form, please save it and then email it to us in addition to any supplemental forms, or you can print it and mail it back to us.

If you would prefer, you may print out the forms and then write your responses if that is easier.

Should you have any questions, please call us at (910) 725-0498. We will be happy to help you.

## **HOW DID YOU HEAR ABOUT US?**

(Please provide the name of the referral in the space provided.)

Referral from			
Newspaper			
Former Client			
Other			

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	CLIENT INE are two clients (e.g. spouse, part information that is the same – yo					
Client Name:						
Date of Birth:		Soc. Sec. No.:				
Home Phone:		Cell Phone:				
Email Address	s:					
Home Address	3:					
City:	State:		Zip:			
(if applicable) Client Name:						
Date of Birth:		Soc. Sec. No.:				
Home Phone:		Cell Phone:				
Email Address	s:					
Home Address	3:					
City:	State:		Zip:			
	REASON FOR YOUR E	NGAGEMENT V	<u>VITH US</u>			
have provided a	please check the reason for enga above, please fill out the addition or estate administration services.	nal supplemental	<del>-</del>			
Estate Planning. Please also fill out the <i>Estate Planning Intake Form</i> . One form per person. (e.g. you and your partner/spouse should fill out your own form.)						
_	Estate Administration/Probate. Please also fill out the Estate Administration Intake Form.					
<u>G</u>	Guardianship Matters.					
C	Company/LLC Formation.					

Other. (Please provide info)

Today's Date: \_\_\_\_\_