

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)
