



ACCOUNTING. BOOKKEEPING. TAX SERVICES.

# Bookkeeping Client Intake Form

Business Type: \_\_\_\_\_

Specific Category \_\_\_\_\_

Initial Consultation:		Referred by:	
First Visit:		Thank you sent:	
NL	Y N Completed	HC Y N Completed	BC Y N Completed

<b>Business Name</b>			
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Contact Person, Position:</b>		<b>Date of Birth:</b>	
<b>Spouse:</b>		<b>Interests/Hobbies:</b>	
<b>Business Phone:</b>		<b>Cell:</b>	
<b>Business Fax:</b>		<b>E-mail:</b>	
<b>Preferred Method of Contact:</b>		<b>Best Time to Reach:</b>	
<b>What is the nature of the business?</b>			
<b>Federal Id #:</b>		<b># of years in business:</b>	
<b>Number of Employees:</b>		<b>Annual Revenues:</b>	
<b>Sole Proprietorship</b>	<b>Corporation</b>	<b>S-Corp</b>	<b>LLC</b>
<b>Partnership</b>	<b>Non Profit</b>	<b>LLP</b>	<b>Individual</b>

<b>Name(s) of owner(s), partner(s), or proprietor(s):</b>			
<b>Name:</b>	<b>Title:</b>	<b>%ownership?:</b>	
<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>	
<b>Name:</b>	<b>Title:</b>	<b>%ownership?:</b>	
<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>	

<b>Name of CPA/Tax Accountant:</b>			
<b>Name:</b>			
<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>	

<b>Payment Information</b>	
EFT Authorization Date:	Online Bill Payment:
Routing Number	Client Set Up Date:
Account Number	Verification Date:
Transfer Date	First Payment Date
Amount	Amount
Payment Frequency	Payment Frequency
<b>Accounting Budget per month:</b>	<b>Estimate of Services:</b>

