



ACCOUNTING. BOOKKEEPING. TAX SERVICES.

Bookkeeping Client Intake Form

Business Type: _____ Specific Category _____

Frequency (circle): YE QTR MO WKLY

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

Business Name

Address

City **State** **Zip**

Contact Person, Position: **Date of Birth:**

Spouse: **Interests/Hobbies:**

Business Phone: **Cell:**

Business Fax: **E-mail:**

Preferred Method of Contact: **Best Time to Reach:**

What is the nature of the business?

Federal Id #: **# of years in business:**

Number of Employees: **Annual Revenues:**

| | | | | | | | |
|----------------------------|--------------------------|--------------------|--------------------------|---------------|--------------------------|-------------------|--------------------------|
| Sole Proprietorship | <input type="checkbox"/> | Corporation | <input type="checkbox"/> | S-Corp | <input type="checkbox"/> | LLC | <input type="checkbox"/> |
| Partnership | <input type="checkbox"/> | Non Profit | <input type="checkbox"/> | LLP | <input type="checkbox"/> | Individual | <input type="checkbox"/> |

Name(s) of owner(s), partner(s), or proprietor(s):

Name: _____ Title: _____ %ownership?: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____ %ownership?: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

Name of CPA/Tax Accountant:

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

| | |
|-------------------------------------|------------------------------|
| Payment Information | |
| 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 |
| Accounting Budget per month: | Estimate of Services: |

