THOMSON & METIVIER PC

certified public accountants

Business Intake Form

Date _____

Referred by _____

BUSINESS INFORMATION

Legal Name _____ Tax ID # _____

DBA _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address, if different _____

Phone # _____

Type of Entity: ☐ C-Corporation ☐ S-Corporation ☐ Partnership

☐ Limited Liability Company ☐ Sole Proprietorship

Business Start Date / Date of Incorporation _____

Brief description of your company's operations:

_____

_____

Method of Accounting ☐ Cash ☐ Accrual ☐ Other: _____

Calendar or Fiscal Year End? (if Fiscal, please indicate year end date) _____

Contact individual _____ Title _____

Phone # _____ Email _____

OFFICERS / PARTNERS / SHAREHOLDERS

Name	SS#	Address	Ownership %

ADDITIONAL INFORMATION

What type of accounting software do you use, if any? (ex: QuickBooks, Peachtree, Excel)

_____

What type of accounting services are you interested in? (check all that apply)

☐ Business Tax Return (include a copy of your prior year's tax return & any depreciation schedules)

☐ Bookkeeping / Bank Reconciliations / Financial Statements

☐ Payroll / Payroll Taxes

☐ Sales Tax

When would you like us to begin providing these services? _____

FOR INTERNAL USE

☐ Engagement Letter ☐ Portal Invite