Client Intake Form

Date: _____ Referred By: _____

Full Name: _____ S.S./ITIN #: _____

Email Address: _____ Tel. #: _____

Full Name: _____ S.S./ITIN #: _____

Email Address: _____ Tel. #: _____

Business Name: _____

Business Address: _____

Corporate Entity: LLC ___ Corp S/C ___ Effective Date of S-Corp _____ Partnership _____ Sole Proprietorship ___

EIN #: _____ Industry: _____

Date of Incorporation: _____

Preferred Method of Contact: ( ) phone ( ) email

Services needed:

- ☐ Bookkeeping Services - ( ) mthly / ( ) yrly
- ☐ Personal, Business & Corp. Taxes / Extensions
- ☐ Quick Accounting Clean-Up
- ☐ Payroll Services
- ☐ Registry / Renewal / Amendment of Corporations / BOIR Registry
- ☐ Other: _____

_____

X _____

Abreu Accounting Services, LLC
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W: www.abreuservices.com
O: (239) 230-7937 / (C: (239) 848-7431
F: (833) 799-3634