## **New Client Intake Form**



## **General Data:**

Name(s):	
Office/Home Telephone:	
Primary Cell:	Work:
Secondary Cell:	Work:
Primary Email:	Secondary:
Entity Information:	
Legal Name:	
DBA:	
Address:	
Primary Business Activity/Type:	
Entity: Sole Proprietor / Partnership / S-Corporation / C-Corporation / LLC	
Date of Incorporation:	Tax ID:
Calendar / Fiscal Year	_If Fiscal, what is year-end?
Gross Yearly Revenue:	Number of employees:



## **Contact Information:**

Officers/Management/Employees authorize to communicate sensitive financial information with:

NAME	TITLE	PHONE #	EMAIL

Why JBM?
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W	hy JBM?
1.	How did you hear about us?
2.	What services are you interest in?  Bookkeeping/Accounting Consulting (Remote Controller / Operations Management / Marketing) Financial Statements (Compiled / Reviewed / Audited) Payroll / Payroll Taxes Sales Tax / Solid Waste Tax Accounting department setup Individual Income Tax Return Business Tax Return (Corporate / Partnership / Non-Profit)

3. How many transactions do you have on your statements each month (average)?

ACCOUNT TYPE	AVERAGE MONTHLY TRANSACTIONS
Checking 1	
Checking 2	
Checking 3	
Checking 4	
Savings 1	
Savings 2	
Credit Card 1	
Credit Card 2	
Credit Card 13	
Other	

4.	How quickly do you need us to begin providing the services checked above?



5.	Do you use any form of accounting or tax software now? If so, which software? (Excel, Quickbooks, Peachtree, etc.)	
6.	What are your expectations of our firm?	
7.	How frequently would you like your Trusted Business Advisor/CPA to contact you?	
8.	What is your preferred form of communication (phone, email, etc.)?	
	Other comments, questions, concerns, or needs:	
<u>Fc</u>	or Internal Use:	
Ad	count Manager: Meeting Date:	
Er Da	ngagement Letter ate Sent:	
	mail address:	
Si	aned Letter(s) of Engagement Received	