

## **Banks Bookkeeping Services – New Client Information Form**

Thank you for choosing Banks Bookkeeping Services. Please complete the following form to help us prepare for our first meeting and understand your business needs.

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### **Client Information**

**Business Name:** \_\_\_\_\_

**ABN:** \_\_\_\_\_

**Business Structure (Sole Trader, Partnership, Company, Trust):**

\_\_\_\_\_

**Industry Type:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Postal Address (if different):** \_\_\_\_\_

### **Contact Details**

**Primary Contact Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Preferred Contact Method (Phone, Email, In-Person, Video Call):** \_\_\_\_\_

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### **Business Financial Information**

1. **Do you currently use accounting software?** (e.g., Xero, MYOB, QuickBooks, Other)
  - ☐ Yes (Please specify: \_\_\_\_\_)
  - ☐ No
2. **How do you currently manage your bookkeeping?**
  - ☐ In-house (Self-managed)
  - ☐ Outsourced
  - ☐ Not currently managed
3. **What services are you interested in?** (Tick all that apply)
  - ☐ General Bookkeeping
  - ☐ Payroll Processing
  - ☐ BAS & GST Lodgements
  - ☐ Bank Reconciliations
  - ☐ Financial Reporting
  - ☐ Accounts Payable/Receivable Management
  - ☐ Other (Please specify: \_\_\_\_\_)
4. **Do you have employees?**
  - ☐ Yes (Number of employees: \_\_\_\_\_)
  - ☐ No

**5. Do you require payroll services?**

- ☐ Yes
- ☐ No

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## **Business Operations & Compliance**

**6. Are your financial records up to date?**

- ☐ Yes
- ☐ No (If no, how far behind? \_\_\_\_\_)

**7. Do you require assistance with BAS & GST lodgements?**

- ☐ Yes
- ☐ No

**8. Do you have any outstanding tax obligations or ATO payment plans?**

- ☐ Yes (Please provide details: \_\_\_\_\_)
- ☐ No

**9. Do you require budgeting and cash flow management assistance?**

- ☐ Yes
- ☐ No

**10. Any specific challenges or concerns regarding your bookkeeping?**

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## **Additional Information**

**How did you hear about Banks Bookkeeping Services?**

- Referral
- Website
- Social Media
- Other: \_\_\_\_\_

**Do you have any other comments or requests before our first meeting?**

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## **Declaration**

I confirm that the above information is true and correct to the best of my knowledge. I acknowledge that this information will be used to assess my bookkeeping requirements.

**Client Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Thank you for providing your details. We look forward to working with you