**LEAPS Accounting Service**
P.O. Box 613, Laveen, AZ 85339
(602) 477-9070 myaccountant@leapsaccountingservice.com

# Potential New Client Information

## Personal Information

First Name: _____ Last name: _____

Email: _____ Phone Number: _____

Preferred method of contact:

☐ Phone ☐ Email

☐ No Preference ☐ Other: _____

## Company Information

Company Name: _____ Website: _____

Company Website: _____

Briefly Explain What Your Company Does:

_____

_____

Company Start Date: _____ Your Job Title: _____

Number of employees including you: _____ Type of Company: _____

How Do You File Federal Taxes? ☐ Cash Basis ☐ Accrual

Name of CPA and the Firm They Are With: _____

What Bank is Your Main Business Account With: _____

## Accounting Information and Needs

Accounting Software You Use: _____

Payroll Software or Company: _____

Number of Check/Debit Transactions You Have Each Month: _____

Which Transactions Do You Enter into Your Current Software:

☐ Bills ☐ Payments ☐ Checks ☐ Other

Do you Pay 1099 Venders? ☐ Yes ☐ No

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Approximately, How Many Invoices Do You Generate Each Month? _____

How many Bank Accounts Do You Have? _____ How Many Credit Cards? _____

Do You Have Experience Working With a Bookkeeping Service Before? ☐ Yes ☐ No

Please Select the Services You Want Us to Provide:

- ☐ Bill Pay
- ☐ Budgeting/Forecasting
- ☐ Business Consulting
- ☐ Business Start-Up Assistance
- ☐ Cash Flow Reporting
- ☐ City Tax Reporting
- ☐ Client Billing
- ☐ Collections
- ☐ Contract Management
- ☐ Coordinating with Tax Accountant
- ☐ Financial Statements
- ☐ Monthly Account Reconciliation
- ☐ Payroll
- ☐ State Tax Reporting
- ☐ Transaction Entry & Bookkeeping
- ☐ Year End Financial Package
- ☐ Other:

Please Give Details About the Service(s) You Want Us to Provide:

Additional Information We Should Know: