



New Client Intake Form

Contact & Business Information

(Fill out one form for each FTIN/FEIN)

Company Name

DBA

Entity Type

FTIN/FEIN

Mailing Address

Company Contact

Phone

Tax Year End Date

Email

BUSINESS INFORMATION

- How many owners in addition to the above Company Contact? _____
Name/Contact: _____
Name/Contact: _____
- Bank & Credit Card Accts: _____

- Loan/LOC Accounts? Y/N _____ If yes, how many? _____
- W2 Employees? Y/N _____ If yes, how many? _____
- Payroll Processing? Y/N _____ If yes, how often? Bi-weekly, Twice Monthly, Monthly
- 1099 Contractors? Y/N _____ If yes, how many? _____
- A/P Services Needed? Y/N _____ A/R Services Needed? Y/N _____
- Sales Tax Filing Needed? Y/N _____
- Mail Check Services? Y/N _____
- Existing Accounting Software? Y/N _____ If yes, what kind? _____

CPA Firm

Contact