New Client Intake Form – Business

Are you new to our firm? YES or NO

If no, what was the last year that you were a client? _____

Referred to us by: _____

Last tax year filed: _____

BUSINESS INFORMATION

Business name: _____

Proprietor (s) and Ownership Percentage:

Principle Product or Service: _____ EIN: _____

Street Address: _____ City: _____

State: _____ Zip code: _____

Type of Entity: _____

State of Incorporation: _____

Date Formed: _____

CONTACT INFORMATION

Contact Full Name: _____

Contact DOB: _____ Contact SSN: _____

Street Address: _____ City: _____

State:_____ Zip code: _____

Contact Phone Number: _____ Contact Email: _____

Select all that applied to this business during 2025:

☐ Started, purchased, or otherwise acquired

☐ Closed, sold, or otherwise disposed

☐ Made payments totaling $2,000 or more to a non-employee

☐ Paid self-employed health insurance premiums

☐ Made contributions to a self-employed retirement plan

BANK INFORMATION

Name of bank: _____

Account Type: _____

Routing Number: _____

Account Number: _____

GENERAL QUESTIONS

Did you receive any IRS or other tax notices this year? YES or NO

Do you have any current tax issues or back taxes owed? YES or NO

Did you make charitable contributions this year? YES or NO

Accounting method: Cash Accrual or Other

If non-employees were paid $2,000 or more, were Form(s) 1099 filed for those individual(s) YES or NO

Type of retirement plan (if contributions were made): _____

Amount contributed to retirement plan (or N/A): _____

Are you interested in accounting service? YES or NO

Are you interested in payroll service? YES or NO

ESTIMATED TAX PAYMENTS

If you paid any estimated taxes, federal, local or state please list them with the date of payment below:

In addition to this form, we will need you to fill out the personal intake form.