



info@affinityacct.org
864-660-9470

CLIENT INTAKE FORM

FULL LEGAL NAME _____

SSN _____ DOB _____

HOME ADDRESS _____
CITY, STATE, ZIP CODE _____

PHONE _____

EMAIL _____

BUSINESS NAME _____

BUSINESS TYPE _____

BUSINESS OWNER(S) _____

BUSINESS LOCATION _____

BUSINESS INCORPORATION DATE _____

ESTIMATED ANNUAL INCOME _____

SERVICES INTERESTED IN:

____ BUSINESS SET-UP ____ PAYROLL

____ BOOKKEEPING ____ TAXES