**CLIENT INTAKE FORM**

This is intended to collect necessary information to help understand your financial situation and the services you require. Please complete the following questions accurately to ensure that the I can provide the most effective and efficient service for your business or personal needs.

**Client Information**

1. **Full Name (Individual or Business Name):**
2. **Business Name (if applicable):**
3. **Email Address:**
4. **Phone Number (Mobile/Home/Business):**
5. **Physical Address:**

(City, State, ZIP)

1. **Billing Address (if different from above):**

(City, State, ZIP)

**Business Information (If applicable)**

1. **Business Type (Check one):**
	* Sole Proprietorship
	* Partnership
	* LLC
	* Corporation
	* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Date Business Established (if applicable):**
3. **Tax Identification Number (TIN):**
4. **Type of Business Activity:**

**Bookkeeping Services Required**

1. **Please describe the specific bookkeeping services you require:**
(e.g., monthly financial statements, tax preparation, payroll, accounts payable/receivable, etc.)
2. **How frequently do you require bookkeeping services?**
	* Daily
	* Weekly
	* Monthly
	* Quarterly
	* Annually
3. **Please provide details of your current bookkeeping system or software (e.g., QuickBooks, Excel, etc.):**
4. **Do you need assistance with tax preparation?**
	* Yes
	* No
5. **Do you need assistance with payroll services?**
	* Yes
	* No
6. **Do you have any outstanding financial or tax issues that need to be addressed? (If yes, please explain briefly):**
	* Yes
	* No
	* If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Information**

1. **Please provide an overview of your financial records for the past [Insert Number] months/years (e.g., bank statements, invoices, receipts):**
2. **How many accounts do you currently have that need to be reconciled?**
	* Checking Accounts
	* Savings Accounts
	* Credit Cards
	* Loans/Other
3. **Do you need assistance with accounts payable (bills owed)?**
	* Yes
	* No
4. **Do you need assistance with accounts receivable (income owed to you)?**
	* Yes
	* No

**Additional Information**

1. **Are there any other specific requirements or information that the Bookkeeper should be aware of?**
2. **How did you hear about our bookkeeping services?**
	* Referral
	* Online Search
	* Social Media
	* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Preferred Contact Method:**
	* Email
	* Phone
	* Both
4. **Preferred Method for Document Sharing:**
	* Email
	* Cloud Storage (e.g., Dropbox, Google Drive)
	* In-Person Drop Off
	* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms and Agreement**

By submitting this form, you agree to provide the information required for bookkeeping services and understand that this information will be used solely for the purpose of offering services. The Bookkeeper will treat all personal and financial data provided with strict confidentiality.

This form is only an intake tool and does not create a formal business relationship until a Bookkeeping Services Agreement is signed.

**Signature of Client:**

**Date:**

**BOOKKEEPER’S NOTES (For internal use only)**