



"ACCOUNTING TODAY FOR TOMORROW'S FUTURE"

New Client Intake

CLIENT INFORMATION	
Company Name	
Client Contact Name	
Street Address	
City, County/State	
Primary Phone	
Alternate Phone	
Email	
Website	

Services Interested In *(please check all that apply)*

Accounting / Bookkeeping Services

Monthly ☐

Quarterly ☐

Yearly ☐

Payroll Services

Payroll Preparation ☐

Payroll Tax Filing ☐

Tax Services *(please provide DOB & SS Cards for all dependents)*

Individual Tax Return ☐

Corporate Tax Return ☐

DEPENDENT INFORMATION		
Name	DOB	Social Security Number

How did you hear about us?	
Referral Source	
Referral Name <i>(if referred by an individual)</i>	