



DROP OFF DATE: _____
Office use only

BUSINESS INTAKE FORM

BUSINESS NAME _____

DBA _____

ENTITY TYPE _____

EIN _____ CA ENTITY # _____

DATE BUSINESS BEGAN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ EMAIL _____

WEBSITE _____

OWNER/MANAGER _____ TITLE _____ PHONE # _____

OWNER/MANAGER _____ TITLE _____ PHONE # _____

OWNER/MANAGER _____ TITLE _____ PHONE # _____

BOOKKEEPING STYLE (QUICKBOOKS, EXCEL, ETC.)

DOES YOUR BUSINESS HAVE PAYROLL? _____ IF SO: WHO PREPARES? _____

HOW MANY EMPLOYEES _____ DOES YOUR BUSINESS HAVE A RETIREMENT PLAN? _____

LAST YEAR TAXES WERE FILED? _____ YEAR ENDING DATE _____
(PLEASE ATTACH COPY)

_____ **Would you like to receive your returns electronically?**

_____ **Would you like to sign your returns electronically?**

Referred by: _____