

COMPANY NAME:

OWNER'S NAME:

DATE:

**Debits n' Credits  
NEW CLIENT INTAKE/ONBOARDING**

**Owner's Name(s)** (If more than two please use additional sheets)

1. \_\_\_\_\_ **Title:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **BirthDate:** \_\_\_\_\_

2. \_\_\_\_\_ **Title:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **BirthDate:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Type (circle one):** Sole    SMLLC    LLC Partner    LLP    S Corp

**DBA Name, if Any?** \_\_\_\_\_

**EIN:** \_\_\_\_\_ **State TIN:** \_\_\_\_\_

**Owner Address** (Street, City, State, Zip): \_\_\_\_\_

**Company Address** (Street, City, State, Zip), if different: \_\_\_\_\_

**Phone Number:** \_\_\_\_\_  
**Business:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Do you need to set up your Coporation?**    Yes    No

**Do you need an EIN?**    Yes    No

**Do you have a payroll processor?**    Yes    No

**Pay period?** (Circle all that apply)    Weekly    Bi-Weekly    Semi-Monthly    Monthly

**How many employees?** \_\_\_\_\_

**Do you Charge Sales Tax? FAB?**    **Sales:**    Yes    No    **FAB:**    Yes    No

**Next Scheduled Appointment:** \_\_\_\_\_