

Bookkeeping Client Intake Form

Name

First Name

Last Name

Email

example@example.com

Phone Number

Please enter a valid phone number.

Please choose which one do you want to be contacted by

Phone

Email

Text

Other

Company Name

Company Website

Company Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Please briefly explain what your company does

Company Start Date

Month Day Year

Year End

Month Day Year

Number of employees including you

Type of your company

LLC, S-Corp, C-Corp, Sole-Proprietor

CRA Tax Remittance Schedule

Yearly

Semi- Annualy

Quarterly

Montly

Are your CRA Tax Remittance Current?

Yes

No

Unsure

Never Filed

What bank is your main business account with?

Accounting software you use

If QuickBooks, please indicate Desktop or Online

Payroll software or company

Number of check/debit transactions you have each month

Approximately, how many invoices do you generate each month?

Please select the ones that appropriate to you

Accepting credit cards

Collecting sales tax

Tracking inventory in Quickbooks or other software

Other

Number of bank accounts you have

Number of credit cards you have

Do you have any experience to work with a bookkeeping service before?

Yes

No

Please select the services you want us to provide

Client Billing

Financial Statements

Year End Tax Package

State Tax Reporting

Business Start-Up Assistance

Monthly Account Reconciliation

Budgeting/Forecasting

Transaction Entry

Payroll

Business Consulting

Contract Management

Cash Flow Reporting

Other

Bill Pay

City Tax Reporting

Please give details about to service(s) you want from us

Additional information we should know