

## The Perfect Bookkeeper LLC Client Intake Form

Date:		
Contact:	Phone:	
Business Type: Sole Proprietor LLC Part	tnership Corporation S-Corp N-Profit_	
Business Name:	EIN:	
Business Mailing Address:		
Business Physical Address:		
Business Phone:	Business Fax:	
Business E-Mail:		
Business Website:		
When did your company start?		
Briefly describe what your company does.		



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## **Accounting System**

What accounting software do you use?
What payroll software do you use?
Do you have Inventory? If yes, what software do you use to track inventory (e.g. Quickbooks)
How many credit cards & bank accounts do you have?
How many check/debit transactions do you have each month?
Do you enter bills and payments or checks only?
How many invoices do you generate each month?
Do you accept credit cards?
Do you collect sales tax?
Do you pay 1099 vendors?
Accounting Closing Questions

What three areas do you want to improve in your accounting?

Are you happy with your current accounting solution?