

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
Does not matter	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

Starting date of your company

Month Day Year

Your job title

Number of employees including you

Type of your company

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

File federal taxes

On a cash basis

Accrual

Your CPA and the firm they are with

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

Which ones do you enter?

Bills	Payments
Checks	Other

Do you pay 1099 vendors?

Yes	No
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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
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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
Bill Pay	City Tax Reporting	Other	

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

Additional information we should know