



## 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

**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**