



### Client Information Form

1. **Full Name / Business Name:**

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2. **Primary Contact Name (if applicable):**

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3. **Email Address:**

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4. **Phone Number:**

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5. **Business Address (if applicable):**

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6. **Preferred Method of Contact:**

- ☐ Email
- ☐ Phone
- ☐ Mail
- ☐ In-person

7. **Business Structure:**

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ LLC
- ☐ Corporation
- ☐ Other (please specify): \_\_\_\_\_

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### Bookkeeping Services Needed

1. **Type of Bookkeeping Services Required (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Monthly Bookkeeping | <input type="checkbox"/> Accounts Receivable           |
| <input type="checkbox"/> Payroll Processing  | <input type="checkbox"/> Bank Reconciliation           |
| <input type="checkbox"/> Tax Preparation     | <input type="checkbox"/> Financial Consulting          |
| <input type="checkbox"/> Financial Reporting | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Accounts Payable    |  |

2. **Frequency of Services:**

- ☐ Weekly
- ☐ Bi-weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually

3. **Preferred Software for Bookkeeping:**

- ☐ QuickBooks
- ☐ Xero
- ☐ FreshBooks
- ☐ Sage
- ☐ Other (please specify): \_\_\_\_\_

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**Financial Information**

1. **Business's Fiscal Year End Date:**

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2. **Number of Employees (if applicable):**

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3. **Current Accounting System (if any):**

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4. **Do you have an accountant?**

- ☐ Yes
- ☐ No

If yes, please provide their contact details:

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5. **Would you like us to handle your taxes as well?**

- ☐ Yes
- ☐ No

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**Additional Information or Specific Requests:**

**Signature:**

I, the undersigned, agree to provide accurate and complete information to the best of my knowledge. I understand that the services provided will be based on the information given above.

**Client's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_