



General Data:

Name(s): _____

Address: _____

City, State & Zip Code: _____

Office/Home Telephone: _____

Primary Cell: _____ Work: _____

Secondary Cell: _____ Work: _____

Primary Email: _____ Secondary: _____

Entity Information:

Legal Name: _____

DBA: _____

Address: _____

City, State and Zip Code: _____

Primary Business Activity/Type: _____

Entity: Sole Proprietor / Partnership / S-Corporation / C-Corporation / LLC

Date of Incorporation: _____ Tax ID: _____

Calendar / Fiscal Year: _____ If Fiscal, what is year-end? _____

Gross Yearly Revenue: _____ Number of employees: _____

Officer Information:

Officers

Name, Title, and % Ownership

1. _____



2. _____
3. _____
4. _____

Operations

Please provide a brief overview of your business goals:

Top 3 business issues/problems:

1. _____
2. _____
3. _____

Why Jacobs Brown Accounting Services?

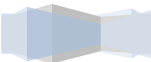
1. How did you hear about us?

2. Have you used a **CPA** in the past? If so, who?

3. Why are you looking to make a change or seeking the services of our company?

4. What services are you interested in?

- Business Tax Return (Corporate / Partnership / Non-Profit)
- Bookkeeping



- Payroll / Payroll Taxes
- Sales Tax
- Individual Income Tax Return
- Business Consultation

5. How quickly do you need us to begin providing the services checked above?

6. Do you use any form of accounting or tax software now? If so, which software? (Excel, Quickbooks, Xero, Peachtree, etc.) _____

7. What is your preferred form of communication (phone, email, etc.)? _____

Other comments, questions, concerns, or needs:

For Internal Use:

Contact: _____ Meeting Date: _____

Engagement Letter: Income Tax/Sales Tax/Payroll /Bookkeeping

Signed Letter(s) of Engagement: _____

