

New Client Intake Form

General Data:			
Name(s):			
Address:			
City, State & Zip Code:			
Office/Home Telephone:			
Primary Cell:	Work:		
econdary 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	alendar / Fiscal Year If Fiscal, what is year-end?		
Gross Voarly Poyonus:	Number of employees:		

Officer Information:

Office	rs <u>Name</u>	<u>Title</u>	%Ownership
<u>Opera</u>	ations		
Pleas	e provide a brief overv	view of your business g	goals:
-	business issues/prob		
2.			
	Prairie Digits Bookke		
	How did you hear at		
2.	Have you used a Tr	usted Business Adviso	or or CPA in the past? If so, who?
3.	Why are you looking	to make a change or s	seeking the services of our firm?

4. What services are you	u interested in?			
Business Tax Return (Co	orporate / Partnership / Non-Profit)			
mancial Statements (Compiled / Reviewed / Audited)				
Bookkeeping				
Payroll / Payroll Taxes				
Şবles Tax / Solid Waste ী	Tax			
B⊟siness Valuation				
nsulting (Strategic / Fi	nancial / HR / Operations / Marketing)			
Il⊒ividual Income Tax Re	eturn			
5. How quickly do you no	eed us to begin providing the services checked above?			
•	of accounting or tax software now? If so, which software? chtree, etc.) If Quickbooks, specify if desktop or on-line:			
·				
7. What are your expect	ations of our firm?			
8 How frequently would	I you like your Trusted Business Advisor/CPA to contact			
9. What is your preferred	d form of communication (phone, email, etc.)?			
10. Have you ever used o	consulting services to improve your business?			
Other comments, quest	tions, concerns, or needs:			
or Internal Use:				
PB:	Meeting Date:			
ngagement Letter: Income	Tax/Sales Tax/Payroll / Property/Bookkeeping/Accounting			
igned Letter(s) of Engagem	nent:			