



Project Cost _____

Ongoing Cost _____

Referred By: _____

New Client Intake Form

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: _____

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? _____

Officer Information:

Officers

	<u>Name</u>	<u>Title</u>	<u>%Ownership</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____



Operations

Please provide a brief overview of your business goals:

Top 3 business issues/problems:

1. _____
2. _____
3. _____

About your business?

1. How many bank accounts: _____ Credit Card Accts: _____
2. How many bank account transactions: _____
3. How many sales receipts: _____
4. How many invoices generated: _____
5. How many invoice payments: _____
6. How many bank deposits: _____
7. How many journal entries: _____
8. How many expenses: _____
9. How many bills: _____
10. How many bill payments: _____
11. Gross Yearly Revenue: _____
12. Number of W2 employees: _____ 1099 Contractors: _____



13. What services are you interested in?

- Business Tax Return (Corporate / Partnership / Non-Profit)
- Financial Statements (Compiled / Reviewed / Audited)
- Bookkeeping
- Payroll / Payroll Taxes
- HR Support Services
- Sales Tax
- Consulting (Financial / HR / Operations) Individual
- Income Tax Return

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

15. What software do you use: (Excel, Quickbooks, Xero, etc.)

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