



## NEW CLIENT INTAKE FORM

### 1. PERSONAL INFORMATION:

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Primary Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Secondary: \_\_\_\_\_

### 2. ENTITY INFORMATION:

Legal Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Primary Business Activity/Type: \_\_\_\_\_

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

Date of Incorporation: \_\_\_\_\_ What is your fiscal year-end? \_\_\_\_\_

EIN: \_\_\_\_\_

CRS ID: \_\_\_\_\_ Out of State ID (if any): \_\_\_\_\_

Number of employees: \_\_\_\_\_

### 3. OFFICER INFORMATION:

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



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#### 4. OPERATIONS:

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Please provide a brief overview of your business goals:

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Top 3 business issues/problems facing:

1. 

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2. 

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3. 

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#### 5. WHY PILLAR CPAS & BUSINESS ADVISORS?

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1. How did you hear about us?

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2. Have you used a Trusted Business Advisor or CPA in the past? If so, who?

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

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4. What services are you interested in?

- Business Tax Return (Corporate / Partnership / Non-Profit)
- Financial Statements (Compiled / Reviewed / Audited)
- Bookkeeping
- Payroll / Payroll Taxes/ GRT Tax
- Business Coaching/Growth (Strategic / Financial / Operations)
- Individual Income Tax Return
- Cash Flow Management
- Financial Forecasts & Projections
- Controller/CFO Services
- Tax & Business Planning
- Audit Preparation Services
- IRS Representation



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

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

\_\_\_\_\_

7. What are your expectations of our firm?

\_\_\_\_\_

8. What is your preferred form of communication (phone, email, etc.)? \_\_\_\_\_

9. Have you ever used consulting services to improve your business? \_\_\_\_\_

6. OTHER COMMENTS, QUESTIONS, CONCERNS, OR NEEDS:

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**For Internal Use:**

Advisor: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Signed Letter(s) of Engagement: \_\_\_\_\_