

Everyday Bookkeeping

NEW CLIENT FORM

Company Name:

Business Structure: **Individual/ Sole Proprietor** **Corporation** **LLC** **Partnership**

Type of Business:

Number of Employees:

What services are you looking for from Everyday Bookkeeping?

Accounts Payable/Receivable	Financial Reporting/Tax Preparation
Full-Charge Bookkeeping	Sales Tax Payable
Payroll/Human Resources	Personal

Do you have additional needs or concerns?

What accounting system is the company currently using?

How many on-site hours a week/month would you require from your bookkeeper?

Do you have a current bookkeeper? **Yes** **No**

Contact Name:

Contact Telephone Number:

Contact Email:

Thank you for taking time out of your busy day to help us understand your company's needs better!

Our main goal at Everyday Bookkeeping is to make sure you and your business receive exceptional and efficient service so that you can focus on the more important things.