
Williams AZ Bookkeeping LLC
116 S 1st Street, Suite 1A, Williams, AZ 86046
Phone: 928-554-2215 | Email: info@williamsazbookkeeping.com
Website: www.WilliamsAZBookkeeping.com

BUSINESS CLIENT INTAKE FORM

Please complete this form as thoroughly as possible. The information provided will help us understand your business and the services you may need.

BUSINESS INFORMATION

Legal Business Name: _____

DBA / Trade Name, if applicable: _____

Business Mailing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Business Phone: _____ **Website:** _____

Date Business Started: _____ **State of Formation:** _____

Federal EIN: _____ **Tax Year-End:** _____

Entity Type:

☐ Sole Proprietorship ☐ Single-Member LLC ☐ Partnership
☐ S Corporation ☐ C Corporation ☐ Nonprofit ☐ Other: _____

Primary Business Activity:

Number of Owners: _____ **Number of Employees:** _____

PRIMARY CONTACT

Contact Name: _____

Title / Position: _____

Phone: _____ **Email:** _____

Preferred Contact Method: ☐ Phone ☐ Email ☐ TaxDome Portal

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SERVICES REQUESTED

- ☐ Monthly Bookkeeping
 - ☐ QuickBooks Online Setup or Cleanup
 - ☐ Payroll Services
 - ☐ Arizona TPT / Sales Tax Filings
 - ☐ Business Income Tax Preparation
 - ☐ 1099 Preparation
 - ☐ New Business or Entity Setup
 - ☐ Other: _____
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ACCOUNTING INFORMATION

Accounting Software Currently Used:

- ☐ QuickBooks Online ☐ QuickBooks Desktop ☐ Spreadsheet ☐ None
- ☐ Other: _____

Last Month Reconciled: _____

Current Bookkeeper or Tax Preparer: _____

Business Bank Name: _____

Number of Bank Accounts: _____ **Number of Credit Cards:** _____

Payroll Provider, if applicable: _____

TAX AND COMPLIANCE INFORMATION

Arizona TPT License Number, if applicable: _____

Most Recent Business Tax Return Filed: _____

Are any tax returns, payroll reports, TPT filings, or payments past due?

- ☐ No ☐ Yes

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If yes, please explain:

CLIENT ACKNOWLEDGMENT

I certify that the information provided on this form is complete and accurate to the best of my knowledge.

Authorized Signature: _____

Printed Name: _____ **Date:** _____

Williams AZ Bookkeeping & Tax Services

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For the protection of your confidential information, please submit documents through the TaxDome client portal. Please do not email or text sensitive documents.