



Crue Accounting
P.O. Box 29437
St. Louis, MO 63126
314-722-3399
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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: _____

Address: _____

City, State and Zip Code: _____

Primary Business Activity/Type: _____

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

Date of Incorporation: _____ Tax ID: _____

Calendar / Fiscal Year _____ If Fiscal, what is year-end? _____

Gross Yearly Revenue: _____ Number of employees: _____

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. _____

Why Crue?

1. How did you hear about us?

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

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

4. What services are you interested in?

- ☐ Business Tax Return (Corporate / Partnership / Non-Profit)
- ☐ Bookkeeping
- ☐ Payroll / Payroll Taxes
- ☐ Sales Tax
- ☐ Consulting (Strategic / Financial / Operations)
- ☐ Individual Income Tax Return

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

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

7. What are your expectations of our firm?

8. How frequently would you like your Trusted Business Advisor/Accountant to
contact you? _____

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

10. Have you ever used consulting services to improve your business? _____

Other comments, questions, concerns, or needs:
