



Business New Client Intake Form

Individual Information:

Name(s): _____
Address: _____
City, State & Zip: _____
Email: _____ Phone: _____

Entity Information:

Legal Name: _____
DBA: _____
Address: _____
City, State & Zip: _____
Primary Business Activity/Type: _____
Entity: (Circle One) **Sole Proprietor/ Partnership/ S-Corporation/ C-Corporation/ LLC/ Non- Profit**
Date of Incorporation: _____ Tax ID: _____
Calendar / Fiscal Year: _____ If Fiscal, what is year end? _____
Gross Yearly Revenue: _____ Number of Employees: _____

Operations

Please provide a brief overview of your business goals:

What services are you interested in?

- Business Tax Return (Corporate / Partnership / Non-Profit)**
- Financial Statements (Monthly/Quarterly/Annual)**
- Bookkeeping**
- Payroll / Payroll Taxes**
- Sales Tax**
- Consulting (Strategic / Financial / HR / Operations / Marketing)**

Do you use any form of accounting or tax software now? Is so, which software?

(Excel, QuickBooks, Peachtree, etc.) _____

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

Affiliated Business Entities

1. _____
2. _____
3. _____