

New Client Intake Form

General Data:

Name (s): _____

Address: _____

City, State & Zip Code: _____

Office/Home Telephone: _____

Primary Cell: _____ Work: _____

Primary Email: _____ Secondary: _____

Entity Information:

Legal Name: _____

DBA: _____

Address: _____

City State and Zip Code: _____

Primary Business Activity/Type: _____

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

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. _____

What services are you interested in?

- Business Tax Return (Corporate / Partnership / Non-Profit)
- Financial Planning and Analysis (Cash Forecasting/ Budgeting/KPI)
- Bookkeeping
- Payroll / Payroll Taxes
- Consulting (Strategic /Financial/ Tax/ Operations)
- Individual Income Tax Return

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

Do you have a copy of your last year's tax return?

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