



# BOOKKEEPING SERVICE CLIENT INTAKE FORM

## PERSONAL INFORMATION

NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ PREFERRED METHOD OF CONTACT: \_\_\_\_\_

## COMPANY INFORMATION

Company Name: \_\_\_\_\_ Company Website: \_\_\_\_\_  
Company Address: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_  
Tax ID: \_\_\_\_\_ Gross Year Revenue: \_\_\_\_\_  
Calendar/Fiscal year: \_\_\_\_\_ Your job title: \_\_\_\_\_  
Number of employees: \_\_\_\_\_ Entity type (sole prop, LLC, S-corp, etc.): \_\_\_\_\_

Briefly explain the nature of your business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have partners/investors/family members in the business? If so, please list \_\_\_\_\_

\_\_\_\_\_

## ACCOUNTING DATA

Do you have prior experience with an accounting firm? \_\_\_\_\_

If so, who is your current CPA or accounting firm? \_\_\_\_\_

Accounting method (cash, accrual, other): \_\_\_\_\_

Accounting software and subscription does your businesses uses now: \_\_\_\_\_

Payroll software your business uses: \_\_\_\_\_

Which of these do you enter?

- ☐ Checks
- ☐ Bills
- ☐ Payments
- ☐ Other

Approximate volume of invoices per month: \_\_\_\_\_

Approximate volume of vendor payments per month: \_\_\_\_\_

Does your business have 1099 vendors? \_\_\_\_\_

How many bank accounts does your business have? \_\_\_\_\_

How many credit cards does your business have? \_\_\_\_\_

Are you obligated to pay sales tax? \_\_\_\_\_

Does your state collect income tax? \_\_\_\_\_

Please choose the service(s) you require from our firm:

- ☐ Monthly Account(s) Reconciliation
- ☐ Monthly Reports
- ☐ Accounts Payable
- ☐ Accounts Receivable
- ☐ Clean up/Catch up
- ☐ Payroll Services| quarterly filings
- ☐ Sales Tax Filing
- ☐ estimated tax
- ☐ Year-end accounting preparation
- ☐ Other:

Additional information about bookkeeping service needs we should know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_