



## NEW BOOKKEEPING CONSULTATION INTAKE FORM

Please take a moment to complete this form. In doing so, we can spend more time discussing your bookkeeping needs rather than gathering small details. Thank you!

Name of Business

Type of Business

Retail

Restaurant

Consulting

E-Commerce

Sales

Other

Company Website

Contact DOB (ex. 12/31/1969)

Contact Home Address

Company Address

EIN (TAX ID) of Company

Type of Business Entity (Check all that apply)

Sole Proprietor

Partnership

LLC

S-Corp

C-Corp

Non-Profit

Not sure

How many partners / owners?

How long has the company been in business

Number of Employees

Payroll Company (if no Employees, enter "NONE")

Bank Account Information (Check all that apply)

Business Checking

Institution

Business Savings

Institution

Credit Card(s)

Institution

Business Loans

Institution

PayPal

Venmo, Square, Etc.

Current Bookkeeping Software (Check all that apply)

QuickBooks Online

QuickBooks Desktop

Xero

Peachtree

Other

No current software

Do you currently have a Bookkeeper?

Yes

No

If you currently have a Bookkeeper, why are you seeking a new one?

(You are not required to answer)

Current CPA (Tax Preparer) contact information

Status of Federal / State Business Tax Returns

Compliant

Not Compliant

Unsure

What is your favorite movie?

What areas do you want to improve with respect to your current accounting system?

How did you hear about us? (Check all that apply)

Search Engine

Yelp

Groupon

QuickBooks ProAdvisor Search

Referral –

Other –