

New Accounting Client Intake Form

This will help us better understand your needs, and how we can help you to meet them.

Personal Information

Name:

Email Address:

Phone Number:

Preferred method of contact:

Company Information

Company Name:

Company Website:

Company Address:

Briefly explain the nature of your business:

Entity type (sole proprietorship, LLC, S-corp, etc.):

Number of employees:

Your job title:

Your company's main banker:

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 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?

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

- Billing
- Bill payments
- Inventory management
- Startup accounting setup
- Tax planning & advisory
- Tax reporting
- Monthly account reconciliations
- Cash flow reporting
- Budgeting and forecasting
- Year-end accounting preparation
- Business Consulting
- Other

Additional information about accounting service needs we should know: