



New Client Intake – Business

General Data:

Name(s): _____

Address: _____

City, State, Zip Code: _____

Business Phone Number: _____

Preferred Phone Number: _____

Primary Email: _____

(To be used for communication via our secure client portal)

Secondary Email: _____

Preferred Form of Communication: _____

(Phone Call, Text, Email, Etc.)

How did you hear about us? _____

Entity Information:

Legal Name: _____

DBA: _____

Business Address: _____

City, State, Zip Code: _____

List States to File Tax Returns: _____

Primary Business Activity: _____

How is your Entity Taxed? Sole Proprietor / Partnership / S-Corporation /
C-Corporation / Non-Profit

(Circle One)

Date of Incorporation: _____ Tax ID Number: _____

Officer / Owner Information:

Name: _____ Title: _____ Ownership %: _____

Name: _____ Title: _____ Ownership %: _____

Name: _____ Title: _____ Ownership %: _____

Name: _____ Title: _____ Ownership %: _____

What services are you seeking (now or in the future):

- ___ Business Tax Return Preparation
- ___ Individual Income Tax Return Preparation
- ___ Bookkeeping
- ___ Payroll Services / Payroll Taxes
- ___ QuickBooks
- ___ Sales Taxes
- ___ Accounts Payable
- ___ Business Startup
- ___ Tax Planning
- ___ Financial Statement Preparation
- ___ Bank Reconciliations
- ___ W-2 / 1099 Preparations
- ___ Other (Please specify): _____

Other questions, concerns or comments: _____

