

BOOKKEEPING SERVICES

Intake form



CLIENT INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

HOW DID YOU HEAR ABOUT US? _____

COMPANY INFORMATION:

BUSINESS OR ORGANIZATION NAME: _____

ADDRESS: _____

WHAT DOES YOUR BUSINESS/PRODUCT DO?

ENTITY TYPE (SOLE PROP, PARTNERSHIP, CORP ETC.): _____

PLEASE INDICATE THE NUMBER OF EMPLOYEES YOU HAVE: _____

BOOKKEEPING INFORMATION:

DO YOU HAVE PRIOR EXPERIENCE WITH AN ACCOUNTING / BOOKKEEPING FIRM?: YES NO

IF SO, WHO IS YOUR CURRENT ACCOUNTANT: _____

BOOKKEEPING SOFTWARE YOUR BUSINESSES USES NOW: _____

PAYROLL SOFTWARE YOUR BUSINESS USES: _____

HOW MANY TRANSACTIONS DO YOU PROCESS MONTHLY?: _____

APPROXIMATE # OF INVOICES PER MONTH: _____

APPROXIMATE # OF VENDOR PAYMENTS PER MONTH: _____

DO YOU ENTER PAYMENTS AND BILLS?: _____

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DO YOU USE SERVICES LIKE PAYPAL?: _____

HOW MANY BANK ACCOUNTS DOES YOUR BUSINESS HAVE?: _____

HOW MANY CREDIT CARDS DOES YOUR BUSINESS HAVE?: _____

YOUR COMPANY'S MAIN BANK: _____

PLEASE CHOOSE THE SERVICE(S) YOU REQUIRE FROM
OUR FIRM:

- | | |
|--|---|
| <input type="radio"/> BILLING | <input type="radio"/> MONTHLY ACCOUNT |
| <input type="radio"/> BILL PAYMENTS | <input type="radio"/> RECONCILIATIONS |
| <input type="radio"/> INVENTORY MANAGEMENT | <input type="radio"/> CASH FLOW REPORTING |
| <input type="radio"/> STARTUP ACCOUNTING SETUP | <input type="radio"/> BUDGETING AND FORECASTING |
| <input type="radio"/> TAX REPORTING | <input type="radio"/> YEAR-END ACCOUNTING PREP |
| | <input type="radio"/> OTHER _____ |

ADDITIONAL INFORMATION ABOUT ACCOUNTING SERVICE NEEDS WE SHOULD KNOW: