

NEW BUSINESS 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!

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Name of Business (REQUIRED)
Type of Business
Retail
Restaurant
Consulting
E-Commerce
Sales
Other
Company Website
Company Address
Company Phone Number
Main Contact Name
Contact DOB (ex. 12/31/1969)
EIN (TAX ID) of Company
Type of Business Entity (Check all that apply)
Sole Proprietor
Partnership
LLC
S-Corp
C-Corp

How many partners / owners?

Unsure

Non-Profit

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. (Please list) 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 <u>Current CPA (Tax Preparer) contact information</u> Status of Federal / State Business Tax Returns Compliant Not Compliant Unsure

What is your favorite movie?

What areas of concern do you have with respect to your business & what would you like to focus on during our meeting?

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

Search Engine

Yelp

QuickBooks ProAdvisor

Search Referral –

Other –