

Client Intake Questionnaire

Bookkeeping & Tax Preparation Services

1. Business Information

Legal Business Name: _____

Doing Business As (if applicable): _____

Entity Type: _____

EIN (Federal Tax ID): _____

Date Business Formed: _____

Business Address: _____

Business Phone: _____

Email: _____

Primary Contact Person: _____

Title / Role: _____

2. Ownership & Management

Owner's Full Name: _____

Additional Owners / Investors (Name) _____

Silent Investor? (Yes/No): _____

Operating Agreement? (Yes/No): _____

3. Business Operations

Type of Business: _____

Year Business Started: _____

Business Bank Name: _____

Separate Bank Account? (Yes/No): _____

POS System: _____

Accounting Software: _____

Average Monthly Transactions: _____

4. Taxes & Compliance

Filed Prior-Year Returns? (Yes/No): State _____

Sales/Use Tax Account #: Estimated _____

Payments Made? (Yes/No): Collect Sales _____

Tax? (Yes/No) _____

Outstanding Tax Notices? (Yes/No): _____

5. Assets and Liabilities

List of Business Assets: _____

Business Loans or Vehicle Financing: _____

Leased Equipment or Space: _____