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**Bookkeeping Client Intake Form**

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| **Personal Information:** |
| **Full Legal Name:** | [First Name] [Last Name] |
| **Date of Birth:** | [MM/DD/YYYY] |
| **Address:** | [Complete Address] |
| **City, State, ZIP Code:** | [City, State, ZIP Code] |
| **Email Address:** | [email@highfile.com] |
| **Phone Number:** | [0000-000-000] |
| **Business Information:** |
| **Business Name:** | [Business Name] |
| **Business Type:** | [Business Type (Corporation, LLC, Sole Proprietor, etc.)] |
| **Business Start Date:** | [MM/DD/YYYY] |
| **Business Address:** | [Complete Address] |
| **City, State, ZIP Code:** | [City, State, ZIP Code] |
| **EIN/TIN:** | [EIN/TIN (Tax Identification Number)] |
| **Accounting Information:** |
| **Accounting Software Currently in Use:** | [Software Name] |
| **Prior Year's Financial Statements:** | [Attach Files] |
| **Accounts:** |
| **Account Name** | **Account Number** | **Financial Institution** |
| [Account Name] | [Account Number] | [Institution] |
| [Account Name] | [Account Number] | [Institution] |
| [Account Name] | [Account Number] | [Institution] |
| (Add as many rows as necessary.) |
| **Tax Preparation (Y/N):** | [ ]  Yes [ ]  No |
| **Current Accountant/CPA (if applicable):** |
| **Name:** | [Name] |
| **Contact Information:** | [Contact Information] |
| **Service Required:** |
| Indicate the Services Required (Check applicable boxes): |
| **Services:** | **Required (✔/✘)** |
| **General Bookkeeping:** | [ ]  Yes [ ]  No |
| **Payroll Management:** | [ ]  Yes [ ]  No |
| **Tax Preparation & Filing:** | [ ]  Yes [ ]  No |
| **Financial Reporting:** | [ ]  Yes [ ]  No |
| **Budget Planning:** | [ ]  Yes [ ]  No |
| **Cash Flow Management:** | [ ]  Yes [ ]  No |
| **Accounts Receivable / Payable:** | [ ]  Yes [ ]  No |
| **Inventory Management:** | [ ]  Yes [ ]  No |
| **Additional Services/Requirements (if any):** | [Description] |
| **Miscellaneous:** |
| **How did you hear about us?:** | [Source] |
| **Emergency Contact Information:** |
| **Full Name:** | [First Name] [Last Name] |
| **Phone Number:** | [0000-000-000] |
| **Relationship to You:** | [Relationship] |
| **Preferred Method of Communication:** | [Method (Email, Phone, Text, etc.)] |
| **Best Time to Contact:** | [Time] |
| [Signature] |
| **Client Signature** |
| [MM/DD/YYYY] |
| **Date:** |