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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:** | | |