



ACCOUNTED FOR, LLC

CLIENT INTAK FORM

About the Business							
Business Name		Start Date					
What does your company do? What types of services/products do you offer?							
Address		City	State	Zip			
Phone		Email		Website			
Business Structure				<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation

About the Owner				
Full Name		Business Title		
Address		City	State	Zip
Phone		Email		Ownership %

Tell Me More		
Number of Partners/Owners	Number of Employees	Gross Annual Revenues
Current Bookkeeping Software		Current Payroll Software
Are you currently working with a bookkeeper (in-house or contracted)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Why are you looking for a bookkeeping service now?		
Who Is your CPA?		With which firm?
Preferred Bookkeeping Cycle <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually		
How did you hear about us? Who should we thank the connection?		
Do you have any major concerns?		