



Please fill out the following details to help us serve you effectively. All information will be kept confidential.

Section 1: Client Information

- 1. Full Name (Individual or Business Name):**

- 2. Contact Person (If Business):**

- 3. Phone Number:**

- 4. Email Address:**

- 5. Address:**
 - **Street:** _____
 - **City:** _____
 - **State:** _____
 - **Zip Code:** _____

Section 2: Business Details (If Applicable)

- 1. Business Type:**
 - ☐ **Sole Proprietorship**
 - ☐ **Partnership**
 - ☐ **LLC**
 - ☐ **Corporation (S-Corp, C-Corp)**
 - ☐ **Nonprofit**
 - ☐ **Other:** _____

2. Tax ID or EIN:

3. Industry/Business Nature:

4. Number of Employees(W2):

Number of Contractors (1099):

5. Fiscal Year End Date:

Section 3: Services Required

Please check all that apply:

- ☐ Bookkeeping
- ☐ Tax Preparation
- ☐ Payroll Services
- ☐ Financial Statements
- ☐ Audit Support
- ☐ Business Consulting
- ☐ Other: _____

Section 4: Financial Information

1. Accounting Software Used (if any):

- ☐ QuickBooks
- ☐ Xero
- ☐ Sage
- ☐ Need Accounting Software
- ☐ Other: _____

2. Estimated Monthly Transactions:

- ☐ Less than 50
- ☐ 50-200
- ☐ Over 200

3. Do you have prior years' financial records available?

- ☐ **Yes**
- ☐ **No**

4. Banking Details (Number of Active Accounts Only):

Section 5: Compliance and Documentation

1. Do you have previous tax returns available?

- ☐ **Yes**
- ☐ **No**

2. Are there any pending tax issues?

- ☐ **Yes (Please describe in section 6):** _____
- ☐ **No**

3. Upload Supporting Documents (Optional):

(e.g., Tax Returns, Financial Statements, Business Licenses)

Section 6: Additional Information (add a page if necessary):

Is there anything else we should know about your accounting needs?

Section 7: Authorization

I confirm that the above information is accurate and authorize [Accounting Firm Name] to proceed with the necessary steps for onboarding.

Signature: _____ **Date:** _____