

CLIENT INFORMATION

Company Name:			
Client name:			
Street address:			
City/State/Zip:			
Phone:	Cell:	Work:	Fax:
Email:			
Website:			
Business formation:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> S Corp	
	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	
	<input type="checkbox"/> C Corp	<input type="checkbox"/> Non-Profit	
Federal EIN:		SSN:	
Type of business:	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Contractor	
	<input type="checkbox"/> Retail	<input type="checkbox"/> Non-Profit	
	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Church	
Reporting basis:	<input type="checkbox"/> Cash	<input type="checkbox"/> Accrual	
Fiscal Year End:		# of employees:	
Inventory:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of subcontractors:
# of Accounts:	Checking:	Savings:	Credit cards: Other:

SERVICES

<input type="checkbox"/> Catch-up of past bookkeeping From when: _____ <input type="checkbox"/> Accounts payable <input type="checkbox"/> Accounts receivable <input type="checkbox"/> Reconcile bank accounts <input type="checkbox"/> Reconcile credit card accounts <input type="checkbox"/> Data entry from: <ul style="list-style-type: none"> <input type="checkbox"/> Credit card statements <input type="checkbox"/> Deposit data <input type="checkbox"/> Payroll reports <input type="checkbox"/> Payroll <input type="checkbox"/> Payroll taxes/reporting	<input type="checkbox"/> Online banking Bank name: _____ <input type="checkbox"/> Sales tax <input type="checkbox"/> Internal Financial Statements <input type="checkbox"/> CPA/Tax preparer Name: _____ <input type="checkbox"/> Additional services: _____ _____ _____ _____
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OTHER

Does company currently use QuickBooks? _____ If not, what do they use? _____ Referred by: _____ Est start date: _____	Rate/package quote: _____ _____ Username: _____ Password: _____
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