

**BOOKKEEPING CLIENT INTAKE FORM**

Disclaimer: Thank you for your interest in being a client of [BOOKKEEPER'S NAME]. Information collected about new clients is confidential and will be treated accordingly.

|  |
| --- |
| **GENERAL INFORMATION** |

**Name(s)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Telephone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Secondary Telephone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Secondary Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **ENTITY INFORMATION** |

**Legal Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DBA**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Business Activity/Type**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sole Proprietor  Partnership  S-Corp  Corporation  LLC  Non-profit  LLP  Individual

**Date of Incorporation**: \_\_\_\_\_\_\_\_\_\_\_\_ **Tax** **ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Calendar Year**  **Fiscal Year** If fiscal, what is year-end? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gross Yearly Revenue**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Number of Employees**: \_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **OFFICER / OWNER INFORMATION** |

|  |  |  |
| --- | --- | --- |
| Name | Title | Ownership Percentage |
|  |  | % |
|  |  | % |
|  |  | % |
|  |  | % |
|  |  | % |
|  |  | % |
|  |  | % |

|  |
| --- |
| **CPA / TAX ACCOUNTANT INFORMATION** |

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **INTAKE ASSESSMENT** |

Disagree = 0 Agree = 5

|  |  |
| --- | --- |
| My financial statements are current. | 0  1  2  3  4  5 |
| I understand my financial statements. | 0  1  2  3  4  5 |
| I review my financial statements monthly. | 0  1  2  3  4  5 |
| I use Key Performance Indicators to measure my business effectiveness in various areas. | 0  1  2  3  4  5 |
| My cashflow is good and easily meets business demands. | 0  1  2  3  4  5 |
| My accounting procedures are well documented in the operations manual. | 0  1  2  3  4  5 |
| I meet with my accountant quarterly. | 0  1  2  3  4  5 |
| I have good banking relationships and receive the greatest value at the lowest cost. | 0  1  2  3  4  5 |
| I review liquidity, leverage, efficiency, and profitability ratios regularly. | 0  1  2  3  4  5 |
| I use the best accounting software for my industry. | 0  1  2  3  4  5 |

**How is your bookkeeping being done at present?**

**How many hours are spent on bookkeeping per week?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**On a scale from 1 to 10 (with 1 being the poor and 10 being excellent), how would you rate  
your current bookkeeping with regards to**: Communication? \_\_\_ Timeliness? \_\_\_ Cost? \_\_\_

**Is your financial information useful in making management decisions?**  Yes  No

**Do you prepare and review a budget**?  Yes  No -If so, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What financial goals have been established?**

**Is financial information available to monitor progress toward those goals?**  Yes  No

**What changes would you like to see in your bookkeeping process?**

|  |
| --- |
| **ACKNOWLEDGMENT** |

Client signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_