



Client Intake Form – Business

General Data:

Name(s): _____

Address: _____

City, State, Zip Code: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Primary Email (will be used for communication via our secure portal,
Onvio): _____

Secondary Email: _____

What is your preferred form of communication? _____

How did you hear about us? _____

Entity Information:

Legal Name: _____

DBA: _____

Address: _____

City, State, Zip Code: _____

Primary Business Activity/Type: _____

Business Entity: Sole Proprietor / Partnership / S-Corporation / C-Corporation / LLC / Non-Profit

Date of Incorporation: _____ Tax ID: _____

Officer Information, if applicable:

Name: _____ Title: _____ Ownership
%: _____

Name: _____ Title: _____ Ownership
%: _____

Name: _____ Title: _____ Ownership
%: _____

Operations:

Please provide a brief overview of your business goals:

Which services do you need to better achieve your business goals?

- Business Tax Return Preparation
- Individual Income Tax Return Preparation
- Bookkeeping
- Payroll Services/Payroll Taxes
- Quickbooks
- Sales Taxes
- Accounts Payable
- Business Startup
- Tax Planning
- Financial Statements
- Bank Reconciliation
- W2/1099 Service

Other questions, concerns, comments, or
needs :

For Internal Use :

Partner : _____ Meeting Date : _____

Engagement Letter Sent : _____ Signed : _____