

New Accounting Client Form

Business Information

Business Name: _____

Address: _____

Federal EIN: _____

cont.: _____

State TPT: _____

Phone Number: _____

Fax: _____

Email: _____

Do you need Payroll: Yes No

Do you need Sales Tax: Yes No

Description of Business Services:

Number of Bank Accounts: _____

Number of Credit Cards: _____

Estimated Transactions: _____

Estimated Checks Written: _____

Please list all bank accounts:

When would you like your work returned to you? Select one

Within a Week

Within a Month

Each Quarter

By Year End

Please provide further explanation of what our firm can do for your business.
