



CLIENT INTAKE INFORMATION FORM

Please complete this form so B & D Bookkeeping LLC can properly set up and maintain your bookkeeping records.

BUSINESS INFORMATION

Business Name:	_____
Owner / Authorized Contact:	_____
Business Address:	_____
Email:	_____
Phone:	_____
Business Start Date:	_____

BUSINESS DETAILS

Business Structure:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Industry Type:	_____
Accounting Method:	<input type="checkbox"/> Cash <input type="checkbox"/> Accrual
Sales Tax Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No

BANKING & ACCOUNTS

Primary Bank:	_____
Number of Bank Accounts:	_____

Credit Cards Used for Business:	_____
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BOOKKEEPING NEEDS

Services Requested:	<input type="checkbox"/> Monthly Bookkeeping <input type="checkbox"/> Cleanup <input type="checkbox"/> Catch-Up <input type="checkbox"/> Reports Only
Payroll Provider:	_____
CPA / Tax Preparer:	_____

CLIENT CERTIFICATION

I certify that the information provided above is accurate to the best of my knowledge.

Signature:	_____
Printed Name:	_____
Date:	_____