Firm name: ______________________
Address: ________________________
Contact info: _____________________

Accounting Client Intake Form Template

Purpose

This client intake form is designed to collect everything an accounting firm needs to start work confidently, price correctly, avoid scope creep, and bill without friction.

1. Client Information

Legal Business Name ____

DBA Name (if applicable) ____

Entity Type

☐ Individual	☐ S Corp	☐ Partnership
☐ LLC	☐ C Corp	☐ Other

EIN / SSN ____

Business Address ____

Mailing Address (if different) _______________________________________

Primary Contact Name

Title / Role ____

Email ____

Phone ____

Secondary Contact (optional)

Name ____

Email ____

Phone ____

Firm name: ______________________
Address: ________________________
Contact info: _____________________

2. Services Requested

Which services are you engaging us for? Check all that apply.

☐ Bookkeeping
☐ Monthly accounting
☐ Payroll
☐ Sales tax
☐ Income tax preparation
☐ Advisory / CAS
☐ Cleanup or catch up work
☐ Other

Please describe your needs in your own words

____

____

____

3. Financial Systems & Access

Accounting Software

☐ QuickBooks Online
☐ QuickBooks Desktop
☐ Xero
☐ Other

Bank Accounts ____________________________ Number of accounts _______
Primary bank(s) ____

Payment Process

☐ ACH
☐ Credit card
☐ Checks
☐ Mixed

Do you have existing integrations?

Payroll provider ____
POS system ____
Expense tools ____
Other tools ____

Firm name: ______________________
Address: ________________________
Contact info: _____________________

4. Historical Data & Cleanup

How far back does work need to go?

☐ Current year only

☐ Prior year

☐ Multiple years

Are your books currently up to date?

☐ Yes

☐ No

☐ Unsure

Known issues or concerns

____

____

____

5. Tax & Compliance Information

Last tax return filed for year ______________________

Prior accountant or firm name ____________________

Any outstanding notices or deadlines?

☐ Yes

☐ No

If yes, please explain.

____

____

____

6. Pricing & Billing Preferences

Preferred billing frequency

☐ Monthly

☐ Quarterly

☐ Annual

Firm name: ______________________
Address: ________________________
Contact info: _____________________

Preferred payment method

☐ ACH

☐ Credit card

Do you require invoices for approval before payment?

☐ Yes

☐ No

7. Communication Preferences

Primary communication channel

☐ Email

☐ Phone

☐ Portal

Urgency expectations

☐ Standard business hours

☐ Time-sensitive support

8. Acknowledgement

By submitting this form, you confirm that the information provided is accurate to the best of your knowledge.

Client Name ____

Signature ____

Date ____

Firm Name ____

Signature ____

Date ____