

New Bookkeeping Client Intake Form

Faithful Finances

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Date: _____

Section 1: Prospective Client Information

Business Legal Name: _____

DBA (Doing Business As) Name (if different): _____

Legal Entity Type:

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ LLC (Single Member)
- ☐ LLC (Multi-Member)
- ☐ S-Corporation
- ☐ C-Corporation
- ☐ Non-Profit
- ☐ Other (please specify): _____

Federal Employer Identification Number (FEIN/EIN): _____

State Tax ID (if applicable): _____

Business Address:

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Primary Contact Person (for bookkeeping matters):

Name: _____

Title: _____

Phone: _____ Email: _____

Additional Contact Person (if applicable):

Name: _____

Title: _____

Phone: _____ Email: _____

Section 2: Business Overview

Industry/Nature of Business:

(e.g., retail, service, e-commerce, consulting, construction, etc.)

Brief Description of Products/Services:

Date Business Started: _____

Fiscal Year End:

☐ December 31st

☐ Other (please specify): _____

Approximate Annual Revenue (Last 12 months, if applicable):

☐ Less than \$50,000

☐ \$50,000 - \$250,000

☐ \$250,001 - \$1,000,000

☐ \$1,000,001 - \$5,000,000

☐ Over \$5,000,000

☐ Startup (no revenue yet)

Number of Employees (including owners): _____

Section 3: Current Bookkeeping Situation

What accounting software are you currently using (if any)?

☐ QuickBooks Online

☐ QuickBooks Desktop

☐ Xero

☐ FreshBooks

- ☐ Wave Accounting
- ☐ Sage
- ☐ Spreadsheet (Excel, Google Sheets)
- ☐ Manual Ledgers/Paper
- ☐ No formal system
- ☐ Other (please specify): _____

Who is currently responsible for your bookkeeping?

- ☐ Owner/Operator
- ☐ Spouse/Family Member
- ☐ Internal Employee (e.g., Office Manager)
- ☐ External Bookkeeper
- ☐ Accountant/CPA
- ☐ No one consistently

Are your books currently up-to-date?

- ☐ Yes
- ☐ No (If no, approximately how far behind are they? _____)

What are your biggest challenges or frustrations with your current bookkeeping?

What are your primary goals for engaging a bookkeeping service? (Check all that apply)

- ☐ Get caught up on past transactions
- ☐ Maintain accurate and up-to-date financial records
- ☐ Prepare for tax season
- ☐ Better understanding of business performance
- ☐ Streamline financial processes
- ☐ Free up owner's time
- ☐ Improve cash flow management
- ☐ Prepare for a loan application or sale of business
- ☐ Ensure compliance with regulations
- ☐ Other (please specify): _____

Section 4: Services Requested

What specific bookkeeping services are you interested in? (Check all that apply)

- ☐ Monthly Bookkeeping
- ☐ Quarterly Bookkeeping
- ☐ Annual Bookkeeping
- ☐ Catch-up Bookkeeping
- ☐ Accounts Payable (Bill Pay) Management
- ☐ Accounts Receivable (Invoicing & Collections) Management
- ☐ Bank Reconciliation
- ☐ Credit Card Reconciliation
- ☐ Payroll Processing (Referral or collaboration with partner?)
- ☐ Sales Tax Filing Assistance
- ☐ Financial Statement Preparation (Income Statement, Balance Sheet, Cash Flow)
- ☐ Budgeting & Forecasting
- ☐ Customized Reporting/Analysis
- ☐ Software Setup & Training
- ☐ Other (please specify): _____

Do you currently have a CPA or Tax Preparer?

- ☐ Yes (Name/Firm: _____)
- ☐ No (Would you like a referral?)

Section 5: Financial Information & Access

How do you primarily receive payments from customers? (e.g., cash, check, credit card, online payments like Stripe/PayPal)

How do you primarily pay your bills? (e.g., checks, online bill pay, credit card, ACH)

Do you use separate bank accounts for business and personal finances?

- ☐ Yes
- ☐ No (Highly recommended to separate for accurate bookkeeping)

Approximately how many bank/credit card accounts do you have for business?

- ☐ Bank Accounts: _____
- ☐ Credit Card Accounts: _____

Are you comfortable providing secure access to your financial accounts (e.g., read-only access for bank statements, online accounting software)?

- ☐ Yes
- ☐ No (Please discuss concerns with us)

Section 6: Additional Information

Is there anything else you would like us to know about your business or specific bookkeeping needs?

How did you hear about us?

- ☐ Referral (Name: _____)
- ☐ Online Search (Google, Bing, etc.)
- ☐ Social Media (Facebook, LinkedIn, etc.)
- ☐ Networking Event
- ☐ Other (please specify): _____

Section 7: Next Steps

Preferred method of contact for follow-up:

- ☐ Phone Call
- ☐ Email

Best time to reach you:

Thank you for completing our Bookkeeping Client Intake Form! We look forward to reviewing your information and discussing how we can best support your business.

For Internal Use Only:

Date Received: _____

Initial Contact Made By: _____

Follow-up Notes:

Proposal Sent: ☐ Yes ☐ No Date: _____

Engagement Letter Sent: ☐ Yes ☐ No Date: _____

Client Accepted: ☐ Yes ☐ No Date: _____