

New Client Intake Form

Business Information

For any questions you are unsure of, please put N/A.

Company name* _____

EIN* _____

Business Industry* _____

Company Address* _____

Company Phone* _____

Please answer the below, using the Information of Business's Primary Contact

First Name* _____

Last name* _____

Email* _____

Phone* _____

Preferred Form of Contact* _____

Preferred Document Sharing Strategy (ex. fax)* _____

Financial Set-up

Bank Accounts Used* _____

Current Accounting Software* _____

Current Payroll System* _____

Payroll Information

Type of Business Entity* _____

Please list the use of any contractor(s) _____

Pay Frequency* _____

How many employees does your business employ currently? * _____

Business Objectives

Please check at least one option in the tables below,

What Package(s) are you considering? *

	Reception
	Office Space
	Human Resources
	Finance
	Marketing
	Recruitment
	IT-Technology
	Training
	Medical Credentialing

What is your primary business objective? *

	Business Growth
	Brand Awareness
	Staffing
	Administrative Assistance
	Business Maintenance
	Business Start-up
	Business Completion
	Other

Please specify what services? (ex. finance: billing) _____

Estimated Monthly Services Spend* _____

Tax Information

Sales Tax Filings Needed (Yes/No)* _____

Prior Year Tax Returns Available (Yes/No)* _____