

# Bookkeeping and Tax Professionals

204 N. West St Rockwall, Texas 75087 \* (214)-334-1040 \* de@btptaxpros.com

## New Client Intake Form

### Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is it ok to contact you by:    Phone    Text    Email

### COMPANY INFORMATION

Company Name: \_\_\_\_\_

Website: \_\_\_\_\_

When did you start your business? \_\_\_\_\_

Briefly describe what your company does: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of entity (if already set up):    Sole Proprietor    Partnership    Corporation    LLC    LLP

EIN Number (if you have one): \_\_\_\_\_

Secretary of State Filing Number (if you have one): \_\_\_\_\_

Unemployment number (if you have one): \_\_\_\_\_

EFTPS Pin and Password (if you have one): \_\_\_\_\_

### YOUR ACCOUNTING NEED:

What are you currently using for your bookkeeping? \_\_\_\_\_

Approximately how many transactions do you have each month in your business account? \_\_\_\_\_

Approximately how many transactions do you have each month in your personal account? \_\_\_\_\_

How many invoices do you generate per month? (If applicable): \_\_\_\_\_

Do you collect sales tax? \_\_\_\_\_

Do you accept credit card payments? \_\_\_\_\_

    If so who do you use for your processing: \_\_\_\_\_

Number of W-2 Employees, including yourself: \_\_\_\_\_

Number of 1099 Employees: \_\_\_\_\_

### BUSINESS Financial Information: If additional information / accounts are available please let us know.

Bank/Card Name: \_\_\_\_\_

Website: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account number: \_\_\_\_\_

User Name: \_\_\_\_\_ Password: \_\_\_\_\_

What type of account is this:    Checking    Savings    Credit Card

Please provide all security questions/answers to this account:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bank/Card Name: \_\_\_\_\_  
Website: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Account number: \_\_\_\_\_  
User Name: \_\_\_\_\_ Password: \_\_\_\_\_  
What type of account is this:   Checking   Savings   Credit Card  
Please provide all security questions/answers to this account:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank/Card Name: \_\_\_\_\_  
Website: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Account number: \_\_\_\_\_  
User Name: \_\_\_\_\_ Password: \_\_\_\_\_  
What type of account is this:   Checking   Savings   Credit Card  
Please provide all security questions/answers to this account:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Financial Information:** If Additional information / account are available please let us know.

Bank/Card Name: \_\_\_\_\_  
Website: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Account number: \_\_\_\_\_  
User Name: \_\_\_\_\_ Password: \_\_\_\_\_  
What type of account is this:   Checking   Savings   Credit Card  
Please provide all security questions/answers to this account:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank/Card Name: \_\_\_\_\_  
Website: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Account number: \_\_\_\_\_  
User Name: \_\_\_\_\_ Password: \_\_\_\_\_  
What type of account is this:   Checking   Savings   Credit Card  
Please provide all security questions/answers to this account:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank/Card Name: \_\_\_\_\_  
Website: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Account number: \_\_\_\_\_  
User Name: \_\_\_\_\_ Password: \_\_\_\_\_  
What type of account is this:   Checking   Savings   Credit Card

Please provide all security questions/answers to this account:

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**Bank Loans and Other Financing: Please list all bank loans and credit lines :** Please send us the paperwork on theses.

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**Please give the following information:**

Tax Payer

Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Filing Status from the previous year: \_\_\_\_\_

Spouse

Full Name: \_\_\_\_\_

When were you married: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Filing Status from the previous year: \_\_\_\_\_

Dependant(s)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Are there any court orders in place regarding dependents? Please advise and provide a copy of the most recent documents, with judges signature.

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