

CORPORATE CLIENT INTAKE FORM

DATE: _____ CPA/EA: _____ TAX EST: _____ CLIENT ID: _____

CLIENT PORTION	Company Name:			EIN:		
	Contact Name/Title:			Salutation:		% Owner
	Add'l Contact/Role:			Salutation:		% Owner or N/A
	Entity Type:		Industry:		Year End:	
	Email:			Website:		
	Address:					
	Preferred Phone		Secondary Phone		Additional Contact Phone	
	Cell	Work	Home	Cell	Work	Home

OFFICE USE ONLY	Payroll:		EFTPS	Established: Yes No	If Yes, PIN:	Password:	
			SUTA (RT-6)	Established: Yes No	If Yes, ID:	Password:	
	Billing:					Assign to:	
	Bookkeeping:		Online	Established: Yes No	If Yes, Invite Sent to CPA / Bookkeeper / PR Contact?		
	Billing:					Assign to:	
	Project	Due Date	Project	Due Date	Project	Due Date	
	1041		ANREP		PRANALYSIS		
	1065		TANG		PRBIWEEKLY		
	1099		OOSTANG		PRMODEPOSIT		
	1120		COMPA		PRMONTHLY		
	1120F		COMPM		940		
	1120H		COMPQ		941RT6		
	1120S		FINTAXPLAN		PRQRLYDEPOS		
	1120X		FLSOLICIATI		PRSEMIDEP		
	F1120		990		PRSEMIMON		
5500		990N		SALESANNUAL			
OOSCORP		706		SALESMO			
OOSPARTN		709		SALESQ			
Other:		Other:		QBQ941RT6			

OFFICE USE ONLY	Referred By: _____
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|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Project | <input type="checkbox"/> File Cabinet | <input type="checkbox"/> Tax File |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> UltraTax | <input type="checkbox"/> Payroll File |
| <input type="checkbox"/> Nonbillable | <input type="checkbox"/> Labels | <input type="checkbox"/> Bookkeeping File |

SET UP BY: _____ (initial/date) RE-ASSIGNED TO: _____