



PL Consulting, LLC
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New Bookkeeping Client Intake Form

Personal Info

Owner's Full Name:

Email Address:

Home Phone:

Cell Phone:

DOB & SSN:

Home Address:

Preferred Method of Contact: Email

Telephone

Full Name of Spouse (if applicable):

Spouse's DOB & SSN (if applicable):

Business Info

Legal Business Name:

Federal EIN#:

Business Address & Contact info:

Type of Business (LLC, Corporation, Sole Proprietorship, etc):

Number of Employees:

Partner (if applicable):

% Ownership:

Name of CPA:

Contact Info:



Financial Info

Does your business have open lines of credit with any bank? If so, which bank(s) and what is the balance due?

Does your business have any credit cards? If so, which bank(s) and what is the open balance due for each card?

What bank(s) do you use for everyday business checking?

Do you access your bank account(s) online? If so, what is the username and password for each bank account?

Do you access your business credit card(s) online? If so, what is the username and password for each credit card?

Do you have revenue or profit goals? What are they?

What reports do you expect to receive? How often do you want to receive these reports?

How many people need to have access to your financials?

Who currently handles your payroll?

How do you currently pay vendors?

Are there any rules or regulations regarding your business that we should know about?



BOOKEEPING INFO

What are the most common expenses in your business? (List up to 10)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Who are the most common vendors we will see on any given month? (List up to 10)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Do you have more than one form of revenue? If so what are they?

What are your expectations from PL Consulting?



PAYROLL INFO

For Payroll Clients ONLY

Please list each employee's name and SSN. Use another page if necessary.

Do you track employee time using a computer? If so, what software do you use?