

## NEW BUSINESS CLIENT – INTAKE FORM

4525 Woodgate Drive  
Janesville, WI 53546  
(608) 754-8525

JANESVILLE, WI OR EVANSVILLE, WI

1 North Madison Street  
Evansville, WI 53536  
(608) 882-2795

APPOINTMENT DATE & TIME: \_\_\_\_\_ WITH: \_\_\_\_\_

### CONTACT PERSON INFORMATION:

NAME (LAST, FIRST): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ROLE IN COMPANY: \_\_\_\_\_

### OWNER(S)/PARTNER(S) INFORMATION:

NAME (LAST, FIRST): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ROLE: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

% OF OWNERSHIP: \_\_\_\_\_

NAME (LAST, FIRST): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ROLE: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

% OF OWNERSHIP: \_\_\_\_\_

NAME (LAST, FIRST): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ROLE: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

% OF OWNERSHIP: \_\_\_\_\_

### PREFERRED METHOD TO SIGN TAX RETURN:

E-SIGN AT JVL OFFICE AT EVL OFFICE

### COMPLETED TAX RETURN DELIVERY METHOD:

MAILED TO YOU PORTAL UPLOAD  
PICK-UP AT JVL OFFICE PICK-UP AT EVL OFFICE

### BUSINESS INFORMATION:

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FEIN: \_\_\_\_\_ DOI (MM/DD/YY): \_\_\_\_\_

HOW LONG IN BUSINESS? \_\_\_\_\_

☐ CALENDAR YEAR ☐ FISCAL YEAR ☐ YEAR-END? \_\_\_\_\_

### ENTITY TYPE:

- |  |  |
|--|--|
| <input type="checkbox"/> SOLE PROPRIETORSHIP | <input type="checkbox"/> GENERAL PARTNERSHIP           |
| <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP |
| <input type="checkbox"/> C-CORPORATION       | <input type="checkbox"/> LIMITED LIABILITY COMPANY     |
| <input type="checkbox"/> NON-PROFIT          | <input type="checkbox"/> S-CORPORATION                 |
| <input type="checkbox"/> OTHER: _____        |  |

### INDUSTRY CLASSIFICATION:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> TECH SUPPORT        | <input type="checkbox"/> BUSINESS SERVICES   | <input type="checkbox"/> RETAIL        |
| <input type="checkbox"/> FOOD SERVICE        | <input type="checkbox"/> LEGAL SERVICES      | <input type="checkbox"/> MANUFACTURING |
| <input type="checkbox"/> E-COMMERCE          | <input type="checkbox"/> FINANCIAL SERVICES  |  |
| <input type="checkbox"/> CONSTRUCTION        | <input type="checkbox"/> HEALTHCARE SERVICES |  |
| <input type="checkbox"/> FARMING/AGRICULTURE | <input type="checkbox"/> OTHER: _____        |  |

### SERVICES NEEDED:

- |  |  |
|--|--|
| <input type="checkbox"/> START-UP PLANNING | <input type="checkbox"/> PAYROLL                       |
| <input type="checkbox"/> BUSINESS PLANNING | <input type="checkbox"/> ACCOUNTING/FINANCIAL ANALYSIS |
| <input type="checkbox"/> GROWING BUSINESS  | <input type="checkbox"/> TAXES                         |
| <input type="checkbox"/> 1099S             | <input type="checkbox"/> OTHER: _____                  |

### QUICKBOOKS:

☐ YES ☐ NO YEAR: \_\_\_\_\_

VERSION: ☐ ONLINE ☐ DESKTOP

### PAYROLL:

☐ # OF EMPLOYEES

HOW OFTEN ARE EMPLOYEES PAID? \_\_\_\_\_

FOR OFFICE USE ONLY

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\*Request that the client **send or drop off Prior Year Tax Returns** before their appointment.

\*Do not schedule appointments until we have received all the information.

\*Allow at least 3 weeks to review and prepare before scheduling.

\*Inform the client that they will receive a Tax Organizer via a Secure Portal

	YES	NO
1. Is there any reason to doubt the integrity of the company's management, directors, or those charged with governance?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are we aware of any independence problems/conflicts of interest due to relationships with clients, partners, or staff?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the fee arrangement violate the AICPA's Code of Professional Conduct related to independence, e.g. through acceptance of equity interests, or rules on contingent fees and commissions?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are we aware of any fee collection problems?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are we not licensed to perform services for this client (i.e., licensed with the applicable state board of accountancy)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the professional competence (expertise), including any specialized industry knowledge, necessary to perform the engagement beyond our firm personnel's capabilities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the staffing commitment, including the use of specialists, required by the engagement beyond our capabilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there disagreements with the present firm over accounting principles?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there anything about the engagement (including the risk associated with the engagement) that subjects us to undue liability exposure, particularly to third parties, or causes us to be uncomfortable about being associated with the client?	<input type="checkbox"/>	<input type="checkbox"/>

**OFFICE TASKS:**

(date & initial each step completed)

SETUP IN OFFICE TOOLS: \_\_\_\_\_  
 SETUP IN DRAKE: \_\_\_\_\_  
 SETUP IN SORABAN: \_\_\_\_\_  
 SETUP IN PORTALS: \_\_\_\_\_  
 BLUE FOLDER: \_\_\_\_\_  
 PROJECT STARTED: \_\_\_\_\_  
 QUICKBOOKS: \_\_\_\_\_  
 DATE: \_\_\_\_\_

**WE SHOULD:**

☐ ACCEPT ☐ NOT ACCEPT

**ENGAGEMENT PARTNER:**

**DATE:**

**NOTES:**

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