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:

☐ SOLE PROPRIETORSHIP ☐ GENERAL PARTNERSHIP

☐ LIMITED PARTNERSHIP ☐ LIMITED LIABILITY PARTNERSHIP

☐ C-CORPORATION ☐ LIMITED LIABILITY COMPANY

☐ NON-PROFIT ☐ S-CORPORATION

☐ OTHER: _____

INDUSTRY CLASSIFICATION:

☐ TECH SUPPORT ☐ BUSINESS SERVICES ☐ RETAIL

☐ FOOD SERVICE ☐ LEGAL SERVICES ☐ MANUFACTURING

☐ E-COMMERCE ☐ FINANCIAL SERVICES

☐ CONSTRUCTION ☐ HEALTHCARE SERVICES

☐ FARMING/AGRICULTURE ☐ OTHER: _____

SERVICES NEEDED:

☐ START-UP PLANNING ☐ PAYROLL

☐ BUSINESS PLANNING ☐ ACCOUNTING/FINANCIAL ANALYSIS

☐ GROWING BUSINESS ☐ TAXES

☐ 1099S ☐ OTHER: _____

QUICKBOOKS:

☐ YES ☐ NO YEAR: _____

VERSION: ☐ ONLINE ☐ DESKTOP

PAYROLL:

☐ # OF EMPLOYEES

HOW OFTEN ARE EMPLOYEES PAID? _____

FOR OFFICE USE ONLY

****

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?*		
2.	*Are we aware of any independence problems/conflicts of interest due to relationships with clients, partners, or staff?*		
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?*		
4.	*Are we aware of any fee collection problems?*		
5.	*Are we not licensed to perform services for this client (i.e., licensed with the applicable state board of accountancy)?*		
6.	*Is the professional competence (expertise), including any specialized industry knowledge, necessary to perform the engagement beyond our firm personnel's capabilities?*		
7.	*Is the staffing commitment, including the use of specialists, required by the engagement beyond our capabilities?*		
8.	*Are there disagreements with the present firm over accounting principles?*		
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?*		

OFFICE TASKS:

(date & initial each step completed)

SETUP IN OFFICETOOLS: _____
SETUP IN DRAKE: _____
SETUP IN SORABAN: _____
SETUP IN PORTALS: _____
BLUE FOLDER: _____
PROJECT STARTED: _____
QUICKBOOKS: _____
DATE: _____

WE SHOULD:

☐ *ACCEPT* ☐ *NOT ACCEPT*

ENGAGEMENT PARTNER:

_____

DATE:

_____

NOTES:

_____

_____

_____

_____

_____

_____

_____