



# *Accounting Unlimited, LLC*

## Bookkeeping Client Intake Form

Date: \_\_\_\_\_

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

Business Type: Sole Proprietor \_\_\_ LLC \_\_\_ Partnership \_\_\_ Corporation \_\_\_ S-Corp \_\_\_ N-Profit \_\_\_

Business Name: \_\_\_\_\_ EIN: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Business Physical Address: \_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_

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

Check monthly reports you would like to receive with your monthly invoice

\_\_\_ Profit and Loss Statement

\_\_\_ Balance Sheet

\_\_\_ Income by Customers

\_\_\_ Expenses by Vendors

\_\_\_ Year End Profit and Loss Statement Only

\_\_\_ Quarterly Profit and Loss Statement Only