

Office Use Only- Intake Date: ___/___/2021 By: _____
 Tasks Completed: ___ Sales Tax ___ PR Tax Pmts ___ WC
 Quarterly/Annual Payroll Tasks Completed: _____ 941 _____ RT6
 _____ 940 _____ W2/W3 _____ 1099s
 ___ Spring Hill ___ Brooksville ___ St Augustine ___ Inverness



2020 BOOKKEEPING INTAKE

Client Name: _____

Corp/LLC Business Name _____ TAX ID# ___ -- _____

Phone _____ Cell _____

Email _____

Business address: _____

JOB TYPE: _____ Accounting _____ Payroll _____ Payroll Audit _____ Other _____

Quickbooks Version: _____

Username: _____

Password: _____

IF YES-CIRCLE ONE: Sole Proprietor LLC S-Corp C-Corp

Are you a bookkeeping client currently or need bookkeeping services this year? Yes No

Notes:

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