

Office Use Only- Intake Date: ___/___/2021 By: _____
 Scanned Date : ___/___/2021 By: _____
 Preparer: _____
 Review Date: ___/___/2021 By: _____
 Print Date : ___/___/2021 Collated By: _____
 ___Spring Hill ___Brooksville ___St Augustine ___Inverness



2020 CORP/LLC/SELF EMPLOYED INTAKE

Client Name: _____

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

Phone _____ Cell _____

Email _____

Has your address changed? Yes No (If Yes, list changes) _____

Quickbooks Version: _____

Username: _____

Password: _____

Do you file state Return? Yes No-If Yes Which One(s) _____

Are you Self-Employed? Yes No

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

***Please attach profit and loss statement from
 accounting software (see back if needed.)***

DID YOU RECEIVE STIMULUS CHECK(s)? Yes No If Yes how much? 1. _____ 2. _____

DID YOU RECEIVE PPP LOANS OR PAYMENTS? Yes No

S-Corp/C-Corp list officer's salary _____
 S-Corp/C-Corp list officer's salary _____
 S-Corp/C-Corp list officer's salary _____

