



JS Business Services

[406-300-4046](tel:406-300-4046)

info@jsbsmontana.com

New Client Intake Form

General Information:

Name(s): _____

Address: _____

City, State & Zip Code: _____

Office/Home Telephone: _____

Primary Cell: _____ Work: _____

Secondary Cell: _____ Work: _____

Primary Email: _____ Secondary: _____

Entity Information

Legal Name: _____

DBA: _____

Address: _____

City, State & Zip Code: _____

Primary Business Activity/Type: _____

Entity: Sole Proprietor Partnership S-Corp C-Corp LLC

Date of Incorporation: _____ Tax ID: _____

Calendar/Fiscal Year: _____ If Fiscal, what is year-end? _____

Gross Yearly Revenue: _____ Number of Employees: _____

Officer Information

Officers

	<u>Name</u>	<u>Title</u>	<u>%Ownership</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Operations

Please provide a brief overview of your business goals:

Top 3 business issues/problems:

1. _____
2. _____
3. _____

Why JSBS?

1. How did you hear about us?

2. Have you used a Trusted Business Advisor or CPA in the past? If so, who?

3. Why are you looking to make a change or seeking the services of our firm?

4. What services are you interested in?

Payroll/Payroll Taxes/Payroll Reporting Multistate Payroll
UI Claims Work Comp Reporting HR Services
Accounting/Bookkeeping Bank Reconciliations
Accounts Payable Accounts Receivable Monthly Financials
Audits Budget/Tracking CFO Services Inventory
Debt Consolidation

5. How quickly do you need us to begin providing the services checked above? _____

6. Do you use any form of accounting or tax software now? If so, which software? (Excel, QuickBooks, Foundation, Wave, etc.)

7. What are your expectations of our firm?

8. How frequently would you like to be contacted? Best way of contact?

Payroll (please sign attached third party access forms)

1. State Withholding ID: _____

Deposit Schedule: _____

2. UI Account Number: _____

SUI Rate w/o Admin Fund Tax: _____

Admin Fund Tax Rates: _____

3. Work Comp Policy Number: _____

Please include a copy of the declaration page

4. IRS Withholding Schedule: _____

5. How are the hours being tracked:

6. Please complete attached New Hire Paperwork for ALL employees

Other comments, questions, concerns, or needs:

What is your 1 year goal for business/personal?

What is your 3 year goal for business/personal?

What is your 10 year goal for business/personal?
