Colville
Bookkeeping

Client Information Form

Company Name _____

Owner(s) Name _____

Mailing Address _____

Physical Address _____

Phone _____ **Fax** _____

Email _____

Website _____

Type of Company _____ **Number of Employees** _____

Type of Entity
○ S-Corp ○ Partnership ○ Sole Prop ○ LLC ○ Other _____

Do you charge sales tax?
○ Yes ○ No

Do you have payroll needs?
○ Yes ○ No

Frequency
○ Weekly ○ Bi-Weekly ○ Semi-Monthly ○ Monthly

What are you bookkeeping needs?

_____

_____

Who does your taxes? _____

What software products are you currently using? _____

How did you hear about us? _____

Once completed, please fax or email this form to us — we look forward to working with you!

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