



JC Hanna Group, LLC Bookkeeping Client Intake Form

Client Name _____ Date: _____

DBA (If Applicable): _____

Owner(s): _____

Primary Contact: _____

Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Preferred Method of Communication: ☐ Phone ☐ Email ☐ Text

BUSINESS INFORMATION

Business Structure ☐ Sole Proprietorship ☐ Partnership ☐ LLC ☐ Corporation

☐ S-Corporation ☐ Nonprofit ☐ Other: State of Formation _____

Business Start Date _____ Industry _____ Federal EIN _____

Annual Revenue

☐ Under \$100,000

☐ \$100,000–\$250,000

☐ \$250,000–\$500,000

☐ \$500,000–\$1 Million

☐ Over \$1 Million

Number of Employees: _____ Number of Independent Contractors _____

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Services Requested

Please check all services needed.

- | | | |
|---|---|--|
| ☐ Monthly Bookkeeping | ☐ Weekly Bookkeeping | ☐ Catch-Up Bookkeeping |
| ☐ Clean-Up Bookkeeping | ☐ Bank Reconciliations | ☐ Credit Card Reconciliations |
| ☐ Financial Statements | ☐ Budget Preparation | ☐ Cash Flow Management |
| ☐ Accounts Payable | ☐ Accounts Receivable | ☐ Payroll Assistance |
| ☐ Sales Tax Tracking | ☐ Expense Management | ☐ Year-End Preparation |
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Transportation Industry Services

- ☐ IFTA Tracking ☐ Fuel Reporting ☐ Driver Settlements ☐ Owner Operator Settlements
- ☐ Maintenance Tracking ☐ Truck Expense Tracking ☐ ELD Expense Tracking
- ☐ DOT Compliance Reporting ☐ Dispatch Revenue Tracking ☐ Load Profitability Reporting
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Current Accounting System

Accounting Software:

- ☐ QuickBooks Online ☐ QuickBooks Desktop ☐ Xero ☐ Wave ☐ FreshBooks ☐ Excel
- ☐ None ☐ Other _____

How long have you used this software? _____ Need assistance setting up software? ☐ Yes ☐ No

Banking Information

Business Bank Name _____

Number of Business Checking Accounts _____ Number of Savings Accounts _____

Business Credit Cards _____

Merchant Services Used

☐ Square ☐ Stripe ☐ PayPal ☐ Clover ☐ Other _____

Tax Information

Current CPA or Tax Professional _____

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Phone _____ Email _____

Have previous tax returns been filed? ☐ Yes ☐ No Any outstanding tax issues? ☐ Yes ☐ No

If yes, please explain:

Monthly Transaction Volume

Average Bank Transactions _____ Average Credit Card Transactions _____

Invoices Sent Monthly _____ Bills Paid Monthly _____

Payroll Frequency

☐ Weekly ☐ Biweekly ☐ Semi-Monthly ☐ Monthly

Document Access

Please provide access or copies of the following.

☐ Business Bank Statements ☐ Credit Card Statements ☐ Prior Year Financial Statements

☐ Articles of Organization ☐ EIN Confirmation Letter ☐ Payroll Reports

☐ Previous Tax Returns ☐ Loan Documents ☐ Insurance Policies ☐ Business Licenses

☐ Vendor List ☐ Customer List (if applicable)

Goals

Why are you seeking bookkeeping services?

Top Three Business Goals

1. _____
2. _____
3. _____

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Biggest Financial Challenge

Authorized Contacts

Name	Title	Phone	Email
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Billing Information

☐ Credit Card ☐ Debit Card

Billing Contact _____ Billing Email _____

Client Agreement

I certify that the information provided is true and complete to the best of my knowledge. I understand that accurate and timely bookkeeping depends on the completeness and accuracy of the records I provide. I agree to furnish all requested documentation and to notify JC Hanna Group LLC of any material changes to my business or financial information.

Client Name (Print): _____ Client Signature _____ Date: _____
JC Hanna Representative: _____ Date: _____

Office Use Only

- Date Intake Received: _____
- Discovery Call Completed: ☐ Yes ☐ No
- Engagement Letter Sent: ☐ Yes ☐ No
- Engagement Letter Signed: ☐ Yes ☐ No
- Initial Documents Received: ☐ Yes ☐ No
- Software Access Granted: ☐ Yes ☐ No
- Bookkeeping Start Date: _____
- Account Manager Assigned: _____
- Monthly Service Package: _____
- Notes: _____

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