



## BUSINESS CLIENT INTAKE FORM

Business Name \_\_\_\_\_ (EIN) \_\_\_\_\_

Address: \_\_\_\_\_ (Street/PO Box) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Primary Contact: \_\_\_\_\_ (Name) \_\_\_\_\_ (SSN) \_\_\_\_\_ (DOB)

Entity Type: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Email \_\_\_\_\_

Other Notes: \_\_\_\_\_

### FOR INTERNAL USE ONLY - PLEASE DO NOT ENTER INFORMATION BELOW

New Client  Returning Client  Client ID: \_\_\_\_\_ Office: \_\_\_\_\_

Partner \_\_\_\_\_ Manager \_\_\_\_\_ Associate \_\_\_\_\_

Engagement:  NONRECUR  ACCTRECUR  ADVISORY  INCONSULT  
 PAYROLL  TAX/TP/TAXOTHER  HR

Tax: Return Type: \_\_\_\_\_ Tax Year: \_\_\_\_\_

Other Notes: \_\_\_\_\_

***Please email completed form to [efile@kollathcpa.com](mailto:efile@kollathcpa.com) or provide to your tax preparer.***