

Individual Information:

Name(s):
Address:
City, State & Zip:
Email: Phone:

Entity Information:

Legal Name:
DBA:
Address:
City, State & Zip:
Primary Business Activity/Type:
Entity: (Circle One) Sole Proprietor/ Partnership/ S-Corporation/ C-Corporation/ LLC/ Non-Profit
Date of Incorporation: Tax ID:
Calendar / Fiscal Year: If Fiscal, what is year end?
Gross Yearly Revenue: Number of Employees:

Operations

Please provide a brief overview of your business goals:

[Blank lines for business goals]

Top 3 business issues/problems:

- 1.
2.
3.

Why Merki and Associates?

- 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?

- Business Tax Return (Corporate / Partnership / Non-Profit)
- Financial Statements
- Bookkeeping
- Payroll / Payroll Taxes
- Sales Tax
- Consulting (Strategic / Financial / HR / Operations / Marketing)
- Individual Income Tax Return

5. Do you use any form of accounting or tax software now? Is so, which software?
(Excel, QuickBooks, Peachtree, etc.) _____

6. What is your preferred form of communication (phone, email, etc.)? _____

Other comments, questions, concerns, or needs:

Credit Card Authorization Form

Name on the Card:

Type of Card: ___ Visa ___ MC ___ AmEx ___ Discover

Account Number _____

Expiration Date _____

Security Code _____

**By signing this form, you authorize Merki & Associates PC
to charge your card for invoiced accounting / tax services**

Signed: _____ Date: _____