

Bookkeeping Services Request Form

Your Name: _____ Title: _____

Legal Business Name: _____

DBA or Trade Name: _____

Type of Entity (Circle One): Sole Proprietor Corporation S-Corp LLC Partnership Other

Business Phone: _____ Fax: _____

Home Phone: _____ Cell: _____

Legal Business Address: _____

Mailing Address (if different): _____

Email: _____ Web: _____

Employer's Identification Number (EIN): _____

Please check all that apply:

I would like you to print checks and pay my bills for me _____

I would like you to reconcile my bank and/or other accounts _____

I would like you to prepare monthly financial statements _____

I would like you to prepare and make my bank deposits _____

I would like you to track what my customers have paid/owe me _____

I would like you to send bills or statements to my customers _____

I would like you to process my payroll _____

Comments or additional services requested: