



Tax, Accounting & Consulting, LLC

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NEW CLIENT INTAKE FORM

A good CPA-client relationship is founded on good communication. To ensure timely communication, we need to know how to reach you. Please provide the following information:

Table with 2 columns: YOU, YOUR DOMESTIC PARTNER. Rows include Name, Birth date, SSN last 4 digits, Cell #, Home #, Work #, and Email.

How do you prefer we contact you? \_\_\_\_\_

Home address \_\_\_\_\_

Mailing address \_\_\_\_\_
City State Zip

City State Zip

FOR BUSINESS CLIENTS ONLY

I am currently interested in the following services (please check all that apply):

- Monthly bookkeeping services
Monthly gross receipts tax filing
Invoicing/accounts receivable and/or accounts payable
Payroll services (weekly, bi-weekly, semi-monthly, monthly)
Monthly payroll filings (Federal 941 tax deposits, state withholding)
Quarterly payroll filings (Federal 941 reporting, state and federal UI, worker's compensation)
Annual tax return
Business setup or reorganization
Consulting (other)