



BUSINESS INTAKE FORM

Date: _____ In order to make a determination of assistance, we ask that you fill out the information below.

Personal Contact Information

Last Name:		First Name:		Middle:	
Home Address:		Apt/Bldg:	City:	State:	Zip Code:

My preferred mailing address is: Home Address Business Address

Business Profile

Name of Business:			EIN/Tax ID		
Business Address		Suite:	City:	State	Zip Code:
Home Phone:	Business Phone:	Cell Phone:	Fax Number:	Email Address:	

Are you currently in business? If yes, business start date: _____ State business formed/operates in: _____

Type of Business: _____ Business legal structure: LLC DBA S-Corp LLP Is it a home-based business? _____

Number of full-time employees including owner: _____ Number of part-time employees: _____

Nature Of Assistance

Describe your business idea or existing business model

What kind of assistance do you seek? (Check at least one or all that apply):

Initial Consultation <input type="checkbox"/>	Strategic Planning <input type="checkbox"/>
Business Formation & Startup <input type="checkbox"/>	Business Plan Development <input type="checkbox"/>
Start-up & Budgeting <input type="checkbox"/>	Payroll/Accounting <input type="checkbox"/>
Financial Planning <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>

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Mon -F 8a -6p Sat 8a-4p Sun: By Appt only

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