

# Tax Business Service Client Intake Form

## Client Information:

- Full Name:
- Address:
- Phone Number:
- Email:

## Business Details:

- Business Name:
- Employer Identification Number (EIN):
- Type of Entity (e.g., LLC, S-Corp, Sole Proprietorship):
- Business Address:

## Income Information:

- List all income sources (e.g., W-2, 1099s, rental income, investment income):
- Do you have any additional income not documented? (Yes/No)

## Tax Deductions:

- Select applicable deductions:
  - Mortgage Interest
  - Charitable Contributions
  - Medical Expenses
  - Business Expenses

## Previous Year's Tax Return Information:

- Did you file taxes last year? (Yes/No)
- If Yes, attach the previous year's tax return.

Signature and Authorization:

- I agree to the terms and services provided by WG Consulting for tax preparation.
- Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Business Credit Profile Client Information Sheet**

Business Information:

- Business Name:
- Address:
- EIN:
- Industry:
- Years in Business:

Credit Goals:

- What are your primary credit goals? (e.g., Credit limit increase, Trade line establishment):
- Do you need assistance building your business credit score? (Yes/No)

Current Credit Status:

- Personal Credit Score (if available):
- Business Credit Score (if available):

Existing Trade Lines:

- List any vendors or suppliers currently working with your business:

Authorization:

- I authorize WG Consulting to access and review credit-related information for the purpose of building my business credit profile.

- Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Service Agreement and Payment Authorization Form**

Scope of Services:

- Tax Preparation Services: [ ]

- Business Credit Profile Setup: [ ]

Fees and Payment Terms:

- Tax Preparation Fee: \$ \_\_\_\_\_

- Business Credit Services Fee: \$ \_\_\_\_\_

Payment Authorization:

- Payment Method:

- Credit Card: [ ]

- ACH: [ ]

Cancellation Policy:

- I understand that cancellations must be made in writing and are subject to WG Consulting's refund policy.

Client Authorization:

- Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Client Document Checklist**

For Tax Services:

- W-2s, 1099s
- Mortgage Interest Statements
- Investment Account Statements
- Proof of Charitable Contributions

For Business Credit Services:

- Articles of Incorporation or Organization
- EIN Confirmation Letter
- Business Bank Statements (last 3 months)
- Utility Bills under Business Name

## **Authorization for Third-Party Communication**

Client Information:

- Full Name:
- Business Name:
- EIN or SSN:

Authorized Representative:

- WG Consulting Contact:
- Phone: 216-357-0551
- Email: support@wgconsulting.com

Scope of Authority:

- I authorize WG Consulting to contact the following parties on my behalf:
  - IRS
  - Credit Bureaus
  - Financial Institutions

Expiration of Authorization:

- This authorization is valid until: \_\_\_\_\_

Client Authorization:

- Signature: \_\_\_\_\_ Date: \_\_\_\_\_