**Welcome to LDW Tax & Accounting Services!**
Thank you for choosing us to support your financial clarity. Please fill out the form below so we can get started right away.

**Section 1: Business & Contact Info**

**1. Full Name**
**2. Business Name**
**3. Phone Number**
**4. Email Address**
**5. Website or Social Media (if applicable)**
**6. Business Address**

**Section 2: Business Overview**

**7. What is your business structure?**

* Sole Proprietor
* LLC
* S-Corp
* Partnership
* Other: \_\_\_\_\_\_

**8. How long have you been in business?**

* Less than 1 year
* 1–3 years
* 3–5 years
* 5+ years

**9. What services/products do you offer?**

**10. What's your average monthly income and expenses?**

**Section 3: Financial Systems**

**11. Do you currently use any accounting software?**

* QuickBooks
* Wave
* Xero
* Excel or Google Sheets
* None
* Other: \_\_\_\_\_\_

**12. How many bank/credit accounts are connected to your business?**

**13. Do you currently work with a CPA, bookkeeper, or tax preparer?**

* Yes, a CPA
* Yes, a bookkeeper
* No
* Other: \_\_\_\_\_\_

**Section 4: Service Needs**

**14. Which service did you purchase or are interested in?**

* Financial Reset Intensive
* Monthly Clarity & Compliance
* CFO for a Season
* Not sure yet

**15. What are your top 1–3 priorities with your finances right now?**

**16. Have your books been maintained this year?**

* Yes, fully updated
* Partially
* No, I need a full catch-up

**17. Do you owe back taxes or have unresolved IRS matters?**

* No
* Yes (please describe): \_\_\_\_\_\_

**Section 5: Document Checklist**

*Please confirm you can provide the following (check all that apply):*

* ☐ Business bank statements (last 3–6 months)
* ☐ Business credit card statements
* ☐ Prior year tax return
* ☐ Access to accounting software or spreadsheets
* ☐ EIN/Business Registration info

**Section 6: Scheduling & Preferences**

**18. What’s the best time for meetings?**

* Morning
* Afternoon
* Evening
* Weekends only
* Flexible

**19. Preferred communication method:**

* Email
* Phone
* Text
* Zoom/Video

**Final Consent**

**20. Do you agree to share financial data solely for the purpose of accounting services, with confidentiality and professionalism ensured?**

* Yes
* No

**21. Type your name as a digital signature:**