

Client Information Organizer Template

Use this template to streamline the onboarding process for your clients. It's designed to gather all the essential information you need to effectively manage their accounts, services, and communication. Feel free to customize it according to your specific needs.

#1. General Client Information

| Field | Details |
|--|----------------------------|
| Full Name | |
| Company Name (if applicable) | |
| Primary Contact Name | |
| Title/Position | |
| Phone Number | |
| Email Address | |
| Alternative Phone Number | |
| Website URL | |
| Business Address | |
| City, State, ZIP Code | |
| Preferred Method of Communication | (Email, Phone, Text, etc.) |
| Best Time to Contact | |

#2. Tax & Financial Information (if applicable)

| Field | Details |
|----------------------------|---------|
| Tax ID (SSN or EIN) | |



**Filing Status
(Individual/Business)**

Business Type (LLC, Corporation, Sole Proprietor, etc.)

Fiscal Year End Date

Accounting Method (Cash, Accrual, Other)

Prior Year's Tax Return [] Attached [] Not Available

Estimated Tax Payments Made

#3. Service-Specific Information

| Service Requested | Details |
|---|---|
| Type of Service | (Tax Preparation, Bookkeeping, Payroll, etc.) |
| Preferred Service Frequency | (Monthly, Quarterly, Annually, etc.) |
| Special Requirements/Instructions | |
| Prior Service Provider (if any) | |
| Reason for Switching (if applicable) | |

#4. Document Checklist

| Document | Provided | Note |
|-----------------------------------|-----------------|-------------|
| Driver's License/ID | [] | Yes |
| W-2 Forms (if applicable) | [] | Yes |
| 1099 Forms (if applicable) | [] | Yes |
| Bank Statements | [] | Yes |
| Investment Statements | [] | Yes |
| Receipts for Deductions | [] | Yes |



Legal Documents (e.g., Trusts, Wills) Yes

Prior Tax Returns (Last 3 Years) Yes

#5. Payment Information

| Field | Details |
|--|---|
| Billing Address | |
| Payment Method | (Credit Card, Check, Bank Transfer, etc.) |
| Cardholder Name | |
| Credit Card Number | |
| Expiration Date | |
| CVV Code | |
| Bank Account Number (if applicable) | |
| Routing Number | |

#6. Client Preferences & Notes

| Field | Details |
|--------------------------------------|------------------------|
| Preferred Communication Style | (Formal, Casual, etc.) |
| Client Goals/Expectations | |
| Challenges Faced | |
| Additional Notes | |

#7. Client Consent & Agreement

By signing below, you confirm that all the information provided is accurate to the best of your knowledge. You also consent to our terms of service and agree to provide any additional documents upon request.

| Field | Detail |
|-------|--------|
| | s |

Client Signature

Date

Service Provider

Signature

Date

Thank you for completing the Client Information Organizer. We look forward to providing you with exceptional service!

Feel free to print, edit, or share this template with your clients to streamline your onboarding and service processes.