

# 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.

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## #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	

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## #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**

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### #3. Service-Specific Information

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

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### #4. Document Checklist

<b>Document</b>	<b>Provided</b>	<b>Notes</b>
<b>Driver's License/ID</b>	<input type="checkbox"/> Yes	
<b>W-2 Forms (if applicable)</b>	<input type="checkbox"/> Yes	
<b>1099 Forms (if applicable)</b>	<input type="checkbox"/> Yes	
<b>Bank Statements</b>	<input type="checkbox"/> Yes	
<b>Investment Statements</b>	<input type="checkbox"/> Yes	
<b>Receipts for Deductions</b>	<input type="checkbox"/> Yes	

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

**Prior Tax Returns (Last 3 Years)** ☐ Yes

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## #5. Payment Information

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

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## #6. Client Preferences & Notes

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

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## #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	Details
Client Signature	
Date	
Service Provider Signature	
Date	

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

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