New Client Intake Form

Preliminary information for routing your inquiry to the appropriate service

Intake form only
Use this form to tell us what assistance you are seeking. It is not an engagement agreement, tax authorization, insurance application, or consent to disclose information.

1. Client Contact Information

Full legal name

Preferred name

Business name, if applicable

Phone number

Email address

Preferred contact method

Mailing address

City / State / ZIP

2. Service Requested

Tax & Accounting

- ☐ Tax Preparation
- ☐ Bookkeeping
- ☐ Accounting
- ☐ Tax Planning
- ☐ Payroll
- ☐ Business Advisory

Property & Casualty Insurance

- ☐ Auto Insurance
- ☐ Business Insurance
- ☐ Homeowners Insurance
- ☐ Other Property & Casualty Insurance
- ☐ Renters Insurance

Life & Health

- ☐ Life Insurance
- ☐ Long-Term Care
- ☐ Health Insurance
- ☐ Annuities / Retirement Income

Other

- ☐ Notary Services
- ☐ Other / Not Sure

3. Reason for Contacting ProfitWise Solutions

Describe the assistance you need, deadlines, current concerns, and the issue that prompted your inquiry. Do not include sensitive personal details.

4. Tax and Accounting Preliminary Information

Please keep this section general
Do not include Social Security numbers, full tax documents, banking information, or identity documents on this intake form. A secure process will be provided if those items are needed.

- ☐ Individual
- ☐ Business
- ☐ New client
- ☐ Returning client

Tax year(s) involved

Filing status, if known

Business entity type

IRS/state notice involved? Yes / No

Prior-year return available? Yes / No

Important deadline

Bookkeeping system used

Payroll system used

Brief tax or accounting context (no sensitive identifiers)

5. Property & Casualty Insurance Preliminary Information

Insurance requested

Current coverage? Yes / No

Current carrier (optional)

Renewal date, if known

Desired effective date

General reason for shopping

Auto

Number of vehicles

Number of drivers

Home / Renters

Own or rent

General property type

Business

Type of business

Approximate employees

Current business insurance? Yes / No

Desired effective date

Insurance information
This section is for an initial discussion only. Carrier-specific underwriting information, applications, authorizations, disclosures, and supporting documents will be requested separately when applicable.

6. Life, Health, Long-Term Care, and Annuity Inquiry

Type of coverage or planning need

Current coverage? Yes / No

Preferred contact method

General goal

General planning goal or question - do not include medical history, prescriptions, account numbers, or underwriting-sensitive information

Later insurance process

Detailed health, financial, identification, suitability, replacement, or underwriting information must be collected later through the appropriate carrier or approved secure process. Any required carrier authorization or disclosure will be provided separately.

7. Notary Inquiry

Type of document

Number of signers

Notarizations, if known

In person or remote online

Preferred date

Preferred time

Washington notary notice

ProfitWise Solutions does not provide legal advice regarding the contents or legal effect of documents unless legally authorized to do so. Washington notice: I am not an attorney licensed to practice law in this state. I am not allowed to draft legal records, give advice on legal matters, including immigration, or charge a fee for those activities.

8. Referral Information

- ☐ Google
- ☐ Existing client
- ☐ Referral
- ☐ Social media
- ☐ Website
- ☐ Community organization
- ☐ Other

Name or details, if applicable

May we thank the referral source? Yes / No / N/A

9. Communication Preferences

- ☐ Phone
- ☐ Email
- ☐ Text
- ☐ Video / online meeting

Your contact preference helps us respond to this inquiry. It is not consent to receive promotional or marketing communications.

10. Protect Your Information

Protect Your Information

For your security, please do not send Social Security numbers, driver's-license images, banking information, tax documents, medical information, or other sensitive personal information through ordinary unsecured email or through this general intake form unless specifically instructed to use an approved secure method. ProfitWise Solutions will provide an appropriate secure method when sensitive information is required.

11. Important Intake Disclaimer

Intake form only

Submitting this intake form does not create an attorney-client relationship or professional engagement, bind insurance coverage, constitute an insurance application, authorize tax return preparation or IRS representation, or guarantee acceptance of any engagement or insurance application. Additional agreements, applications, disclosures, authorizations, or documentation may be required before services begin. When applicable, ProfitWise Solutions will provide the appropriate separate documents.

12. Accuracy Acknowledgment

I understand that the information provided on this intake form is preliminary and should be accurate to the best of my knowledge. ProfitWise Solutions may request additional information or documentation before services can begin.

- [ ] I reviewed the security notice and understand not to include sensitive information on this general intake form.
- [ ] I understand that service-specific agreements, applications, disclosures, authorizations, or documents may be required separately.

13. Client Signature

Client name

Date

Signature

Preferred follow-up method

Signing this intake form acknowledges the preliminary information above; it does not create an engagement or bind insurance coverage.

Next step

ProfitWise Solutions will review your inquiry and contact you about appropriate next steps. If a service requires a separate engagement agreement, carrier application, disclosure, authorization, government form, or secure document process, it will be provided separately.

ProfitWise Solutions, LLC