

Client Questionnaire

Client:

Name: _____

Owner's Names / % Ownership:

_____ %

_____ %

_____ %

Address: _____

City/St/Zip: _____

Phone: _____

Cell: _____

Email: _____

Do you have an accounting/bookkeeping contact?

Name: _____

Phone: _____

Cell: _____

Email: _____

How did you hear about/find us?

Company Name: _____

Type: _____

Same as Client Address

Address: _____

City/St/Zip: _____

Work phone: _____

Fax: _____

Email: _____

Industry: _____

Web site: www. _____

Name of CPA / CPA Firm: _____

Contact: _____

Address: _____

City/St: _____

Phone: _____

Fax: _____

Cell: _____

Email: _____

About the business:

Fiscal year end month? _____

Approximate annual gross revenue? \$ _____

Do we need to analyze/amend past records? _____

If yes, what period? Start date: _____

End date: _____

Sales/Accounts Receivable

Retail or eCommerce? _____

of customers? _____ # of invoices/mth? _____

Who creates invoices? _____

Progress invoicing? _____
(partial payments over time)

Different price levels? _____
(for different periods, customer types, etc.)

Use Estimates to Invoicing? _____

Collect sales taxes? _____

Client Questionnaire

Purchases/Accounts Payable

vendors? _____ # checks per month? _____ Do you use job costing? _____

How are vendors paid? _____

What is your approval process?

Inventory (skip if not tracked)

Do you use perpetual or periodic? _____

Do you categorize your inventory? _____

Average cost or FIFO? _____

Approximate # of items stocked? _____

Multiple locations? _____

Do you use scanning? _____

Payroll (skip if no employees)

Use in-house or a 3rd party payroll? _____

of employees? _____

Do you pay commissions? _____

Do you have employees in multiple states? _____

What type of time tracking system do you use? _____

What are the timing of your payments? _____

What extra deductions are present? _____

Other: _____

Do you pay 1099 vendors (subcontractors)? _____

Approximate #: _____

Do you bill clients by the hour? _____

Banking

Separate business and personal bank accts? _____

Have copies of bank/credit card statements? _____
(If no, please order them)

List bank accounts:

Institution (ex. BoA) _____ Type (ex. checking) _____ Acct # _____

Institution _____ Type _____ Acct # _____

Institution _____ Type _____ Acct # _____

Latest month of statement reconciliation: _____

Client Questionnaire

List credit cards:

Institution (ex. Chase) _____ Type (ex. Visa) _____ Card # _____

Institution _____ Type _____ Card # _____

Institution _____ Type _____ Card # _____

Institution _____ Type _____ Card # _____

Latest month of statement reconciliations: _____

List loans (bank or personal):

Institution (BoA, self) _____ Loan amount \$ _____ per month \$ _____

Institution (BoA, self) _____ Loan amount \$ _____ per month \$ _____

If you have an existing merchant services account, whom do you have it with? _____

If you have mobile payment solutions, whom do you have them with? (i.e. Square) _____

Reporting

List reports needed: (P&L, etc.)

Frequency: (monthly, etc.)

Customization needed: (w/% of income, etc.)

Do you need budget or other reports by department, division, etc.? _____

Other

Need budgets? _____ What tracking categories needed? _____

Any 3rd party apps in place? (List) _____

Do you have any industry specific needs? _____

About Your Books:

Who currently does them? _____ How many users? _____ # locations? _____

What service level do you need from us? _____

Are you interested in using our firm to setup a **new** QuickBooks data file for you? _____

Client Questionnaire

If yes, will setup occur in the middle of a calendar year? _____ Or a fiscal year? _____

Do you already own the appropriate number of licensed copies of QuickBooks? _____

(If not, you may purchase QuickBooks products at a discount from us)

What accounting software or system do you currently use? _____ Version Year _____

Software is: _____

If QuickBooks and you have internal users using system, rate the skill level of your QuickBooks users: (1 to 10, 10 being expert)

Name/Level: _____ / _____ Name/Level: _____ / _____

Name/Level: _____ / _____ Name/Level: _____ / _____

We use it for: _____

If it is not QuickBooks Online, would you like to understand the benefits of QuickBooks Online? _____

Do you need mobile access? _____ Do you need multi-user access? _____

What pieces do you want to maintain in-house rather than us doing it?

Estimates	Invoices	Bill loading	Bill payment	Inventory tracking
Customer setup	Vendor setup	Sales taxes	Payroll	
Other _____				

What do you need from us?

Turnaround timeframes? _____

Communications? _____ Other _____

Reporting? _____ Other _____

What are your current metrics and how can we help you improve on them? (i.e. timing, accuracy, business awareness, etc.)

Other:

Filled in by: _____
(please print)

Telephone: _____

Date: _____