

Bookkeeping Questionnaire

General Information					
Client Name			_		
Street Address					
City	State	Zip	Count	County	
Phone	Email				
Are you currently using accounting software (Quickbooks Desktop/Online, Wave, Xero etc)?			_		
If "yes", please list the so	itware's name :				
How often will you require General Ledger)?		ıncial statemer	nts (Profit & Loss	, Balance Sheet,	
Document Checklist Please provide us with the applicable requested documents below.					
☐ Your last previous	ly filed 1040 tax return				
☐ Your last previous	ly filed business tax re	turn(s)			
☐ Year to date financial statements (Profit & Loss, Balance Sheet, General Ledger)					
☐ Business bank, br	okerage and credit car	d statements f	or the past three	months	
Any additional statements/receipts for income and expense items that are not included in the bank and credit card statements (e.g. inventory, investment reports, property management reports for rental real estate)					
Business Information					
Business Name					
Registered State	Business Type	Da	te of Organizatio	n	
Business Activity					

Business Name			_
Registered State	Business Type	Date of Organization	
Business Activity			_
Business Name			_
Registered State	Business Type	Date of Organization	
Business Activity			_
Business Name			_
Registered State	Business Type	Date of Organization	
Business Activity			_
	Additional I	nformation	
Please add any signific be pertinent.	cant changes from you prior y	ear and any additional information you believe t	0
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