

Elevated Bookkeeping New Client Questionnaire

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Business Information

Business Name: _____

Contact Name: _____

Business Entity: Sole Proprietor Limited Liability Corporation

 Limited Liability Partnership S Corporation

Business Industry: _____

Email Address: _____

Phone Number: _____

Business Financial Information

Bookkeeping:

Transactions Per Month
(Total of all transactions)

Number of Bank/CC Accounts

Number of Loans

Payroll:

(Do not include subcontractor in this section)

Who will be running payroll _____

Payroll Provider _____

Number of employees

How often payroll is run Weekly The 15th and 30th of every month

 Bi-Weekly Monthly

Accounts Payable:

Number of bills per month

Accounts Receivable:

Number of invoices per month

Sales Tax:

Number of filings per year

Tax Filing:

Year taxes were last filed

Is prior year clean up needed?

If yes, please provide detail _____

Why Bookkeeping Change?
