



Client Onboarding Questionnaire

Client Information

Please provide the following details to help us understand your business and financial goals.

1. **Full Name of Primary Contact:**
2. **Business Name:**
3. **Business Structure** (e.g., sole proprietorship, LLC, corporation, partnership):
4. **Industry/Type of Business:**
5. **Business Address:**
6. **Phone Number:**
7. **Email Address:**
8. **Preferred Method of Communication:**
 - ☐ Email
 - ☐ Phone
 - ☐ In-person
 - ☐ Virtual Meeting
 - ☐ Other: _____
9. **Date Business Started:**
10. **Website URL (if applicable):**

Tax and Financial Information

11. **Tax Identification Number (TIN) / Employer Identification Number (EIN):**
12. **Does your business currently file taxes?**
 - ☐ Yes
 - ☐ No
13. **Filing Status (if applicable):**
 - ☐ Sole Proprietor
 - ☐ Partnership
 - ☐ LLC
 - ☐ Corporation



- ☐ S-Corporation
- ☐ Other: _____

14. **Accounting Method Used:** ☐ Cash Basis

- ☐ Accrual Basis
- ☐ Other: _____

15. **Current Accounting Software/Systems in Use:**
(e.g., QuickBooks, Xero, FreshBooks, none, etc.)

16. **Do you have existing accounting records?**

- ☐ Yes
- ☐ No

17. **Do you have a bookkeeper or CFO?**

- ☐ Yes
- ☐ No

18. **What accounting services are you looking for?** (Check all that apply):

- ☐ Tax Preparation & Filing
- ☐ Payroll Services
- ☐ Bookkeeping
- ☐ Financial Reporting & Analysis
- ☐ Budgeting & Forecasting
- ☐ Audit & Assurance
- ☐ Business Consulting
- ☐ Other (please specify): _____

19. **What is your preferred tax filing frequency?**

- ☐ Quarterly
- ☐ Annually
- ☐ Other: _____

Financial Goals & Objectives

20. **What are your primary business goals for the next year?**

21. **Are there any major changes in your business (e.g., expansion, mergers, acquisitions, etc.) that we should be aware of?**

22. **Do you have any specific tax planning goals or concerns?**

23. **Do you need assistance with financial forecasting or budgeting?**

- ☐ Yes
- ☐ No

24. Are you interested in financial advisory services to help you grow or manage your wealth?

☐ Yes

☐ No

Additional Information

25. Are there any specific deadlines or time-sensitive issues that we should be aware of?

26. Do you have any questions or concerns regarding our services or processes?

27. Is there anything else we should know to better serve your needs?

Authorization & Consent

By completing and submitting this form, you give us permission to review and access your financial records as necessary for the services requested.

Signature of Primary Contact: _____

Date: _____

Thank you for choosing our accounting services!

We look forward to working with you and supporting your business's financial needs.

