CLIENT DATA SHEET

Business Name		Phone No.		
Address:		Fax No.		
Owner/President		Email:		
No of Employees				
Year of formation:				
EIN#				
Business Structure (Sole Proprietor/S-Corp/C-Corp/Non-profit/Partnership)				
INDUSTRY				
A.	Describe the industry(s) in which the company operates:			
COI	COMPANY OPERATING CHARACTERISTICS			
A.	Indicate the company's primary sources of revenue)e.g., major product lines) and approximate percentage of total revenue generated by each:			
B.	Describe any concentrations (such as major customers, suppli	ers, etc.):		
C.	List the major expenses of the company other than cost of good	ods sold:		
D.	Describe the company's compensation methods, e.g., salary, l scale, etc., frequency and timing, etc.:	nourly wage, commissions, piece work, union		
E.	Briefly describe whether the company has a pension or profit-s employment benefits:	sharing plan or provides other post-		

F.	Describe transactions with related parties: (i.e. owner kids are employees, owner rents personal building as office space)		
G.	Describe the company's vacation and sick pay policies:		
СО	MPANY ACCOUNTING SYSTEM		
Α	Briefly describe the accounting system and accounting responsibilities:		
	Name of accounting software package:		
В	Give the stated qualifications of the company's accounting personnel:		
C.	Describe any unusual features of the accounting system:		
D.	Briefly describe the company's completeness procedures and methods to ensure that accounting transactions enter into the accounting system, e.g., that all shipments or services are invoiced, that all sales are recorded, and that all disbursements are recorded:		
Pre	pared (or updated) and reviewed by:		