

Client Questionnaire Form

CONTACT INFORMATION

Business Name: _____

Primary Contact: _____

Street Address: _____

City/ State/ Zip: _____

Phone: (Daytime)_____ Evening)_____

Website: _____

Social Media (if applicable): _____

How did you hear about this business? _____

1. Do you currently use an accounting software platform? If yes, which one?
2. When were your last completed financial statements generated?
3. Are your books currently up to date?
4. Are your tax returns current?
5. Do you have employees? Subcontractors? If yes, how many?
6. Do you have inventory? If yes, how do you manage and track it?
7. Do you have a POS system? If yes, which one?
8. Approximately how many transactions does your business process each month (sales, expenses)?

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9. Have you worked with other accountants or bookkeepers? If yes, what work have they done?
10. Do you report/ pay sales tax?
11. What did your previous accountant/bookkeeper do that you liked? What did you dislike?
12. What are your main financial organization problems that you think a bookkeeper could help with?
13. What are the biggest obstacles to you solving these problems? (Be as detailed as possible so that we can figure out the best course of action for your company)
14. How involved do you want to be with the bookkeeping for your business?