New Client Questionnaire

Please complete and return to: lezliem@mckennaaccounting.com

Your Name:				
Cell phone number:	Date of b	irth:		
Social Security Number:				
Email:				
Spouse Name:				
Cell phone number:Date of birth:				
Social Security Number:				
Email:				
Home Address:				
Dependents:				
Name:	DOB:		SS#:	
Name:	DOB:		SS#:	
Name:	DOB:		SS#:	
Tax and accounting services needed:				
□Bookkeeping	☐ Account reconciliations			
□Payroll	□Sales	☐ Sales tax		
☐ Personal tax return preparation	on □Busin	☐Business tax return preparation		
Business Name:				
Address:				
Phone number:				
Business Industry:				
EIN:				
Entity Type: □LLC □S Corp				
☐C Corporation				
Date Incorporated:	State In	State Incorporated:		

What accounting software are you currently using?
□None
□QuickBooks Desktop
□QuickBooks Online
Other:
How many employees do you have?
□0-5
□10-20
\square 20-30
□31+
Do you have inventory?
□Yes
\square No
What is your sales volume?
\square \$10,000 - \$250,000
□\$250,00 - \$500,000
□\$500,000 - \$1,000,000
□>\$1,000,001