

Bookkeeping Questionnaire

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EIN Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average Number of Monthly Transactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payroll Y N Please check one:

Number of Employees: \_\_\_\_\_\_\_\_\_\_\_\_\_

Tell us more about your bookkeeping needs: