



Small Business Consulting

"The Missing Piece You Were Looking For!"

(774)289-9919

info@ccmbusiness-solutions.com

www.ccmbusiness-solutions.com

New Client Questionnaire

Company Name: _____

DBA (if applicable): _____

Industry & Principal Product/Service: _____

Entity: Sole Proprietor Partnership S- Corporation C- Corporation LLC Non-Profit

Date of Incorporation: _____ Years in Business: _____ Tax ID: _____

Calendar/ Fiscal Year: _____ If Fiscal, what is year-end? _____

Principal (Director, CEO, CFO) decision making contact: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Physical Address: _____

City, State & Zip Code: _____

Mailing Address (if different): _____

City, State & Zip Code: _____

Officer Information:

	Name	Title	% Ownership
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Have you worked with other external bookkeepers in the past? Yes or No

If so, what kind of work did they perform? _____

How often do you need to review financial reports?

- Daily
- Semi-weekly
- Weekly
- Biweekly
- Monthly
- Quarterly
- Annually

How often do you expect to have a conversation with your bookkeeper?

- Daily
- Semi-weekly
- Weekly
- Biweekly
- Monthly
- Quarterly
- Annually

What are your expectations of our firm? _____



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Operations

Please provide a brief overview of your business goals: _____

Top 3 business issues/problems:

1. _____

2. _____

3. _____

Why are you looking to make a change or seeking the services of our firm?

What services are you interested in?

- General Bookkeeping Payroll Services Monthly Sales Tax Monthly Meals Tax
- Support to Administrative Management Database Management Accounts Payable
- Bill Payment Customer Invoicing Account Receivable 1099 Subcontractor Filings
- Year End Prep Work Other, please specify: _____

Do you use any form of accounting software now?

If so, which software? _____

If so, when was it last updated? _____

Do you manage or track inventory? Yes or No

Do you have employees and/or subcontractors? Yes or No

If yes, how many employees? _____ how many subcontractors _____

Additional Questions and/or Comments:
