Acire Dynasty, LLC DBA ACIRE FINANCIAL SERVICES

HAWKINSVILLE, GA 31036 478-268-3090 INFO@ACIREDYNASTY.COM

New Client Get Acquainted Questionnaire

(for business owners only)

Name	Title
Office Physical Address	
Email	
Office Phone	
Fax	
Home Phone	
1. Are you the sole owner of the business? ☐ Yes ☐	1 No
2. If no, who else is involved?	
3. Do you currently have a CPA? ☐ Yes ☐ No If yes, Who?	l No
☐ Corporation (regular) ☐ S-Corporation	a rantiership
☐ LLC (Limited Liability Company)	
8. When was the last time you filed your taxes?	
Are are current on your business taxes? ☐ Yes ☐ N	No
9. Have you ever filed for bankruptcy? ☐ Yes ☐ No	If yes, when
10. How long have you been in business?	
11. What does your company do?	
12. How many employees do you have? full t	ime part time

New Client Get Acquainted Questionnaire (for business owners only) CONTINUE 13. What was your gross sales last year? 14. How are you computing your payroll? 15. Do you ever have problems with tax deposits and/or payroll tax reporting? □ Yes □ No 16. How have you been keeping your financial data? 17. Are you having any problems with your bookkeeping? ☐ Yes ☐ No If yes, what? 18. How many bookkeepers have you had in the last five (5) years? 19. How many hours do you spend on bookkeeping per week? 20. Do you owe any money to the IRS? ☐ Yes ☐ No 21. Do you ever have to come up with a lump sum at the end of the year or after taxes are filed? ☐ Yes ☐ No 22. Do you make estimated tax payments? ☐ Yes ☐ No 23. Do these estimated payments cover your yearly tax bill? Yes No 24. What do you hope to gain from our consultation? 25. What are your goals for your business in the next six (6) months? one (1) year?

five (5) years?

26. What are your goals for your business in the next six (6) months?

one (1) year?

five (5) years?

27. What are your goals for yourself in the next six (6) months?

one (1) year?

(for business owners only) CONTINUE five (5) years? 28. Do you have a business plan? ☐ Yes ☐ No If yes, for how many years? 29. Do you have a financial planner? ☐ Yes ☐ No Are you interested in financial planning? ☐ Yes ☐ No 31. Do you have a broker? ☐ Yes ☐ No 31. Do you have a will? ☐ Yes ☐ No 32. Do you have a living trust? ☐ Yes ☐ No 33. Are you interested in a living trust? ☐ Yes ☐ No 34. What investments do you have? (Check all that apply) □ Stocks □ Bonds □ Mutual Funds □ Collectibles □ Rental Property 35. Do you have a retirement plan/fund? ☐ Yes ☐ No If yes, approximately how much is in it? \$ 36. What would you like your yearly income to be at retirement? 37. At what age would you like to retire? 38. Please check a box to rate the following in importance: five (5) being the highest of importance to one (1) being the lowest of importance. **Highest importance -- Lowest importance** A. Saving money on taxes \square 5 \square 4 \square 3 \square 2 \square 1 B. More profit from your business (making more money) \square 5 \square 4 \square 3 \square 2 \square 1 C. Accurately prepared tax return to avoid audit \square 5 \square 4 \square 3 \square 2 \square 1 D. Retirement funding \square 5 \square 4 \square 3 \square 2 \square 1 E. Education/College funding □ 5 □ 4 □ 3 □ 2 □ 1 F. Having good and proper investments \square 5 \square 4 \square 3 \square 2 \square 1 G. Having control over your finances \square 5 \square 4 \square 3 \square 2 \square 1 H. Filing taxes or getting out reports or financial statements in a timely manner \square 5 \square 4 \square 3 \square 2 \square 1 I. More time away from the business or able to take more vacation time \square 5 \square 4 \square 3 \square 2 \square 1 Which of the above stays in your mind as the most important? (check one) \square A. \square B. \square C. \square D. \square E. \square F. \square G. \square H. \square I. Second most important? (check one) \square A. \square B. \square C. \square D. \square E. \square F. \square G. \square H. \square I. 39. What was your net profit last year? 40. What is your tolerance for risk on investments? ☐ High ☐ Medium ☐ Low ☐ Very Low

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Acire Financial Services (Acire Dynasty, LLC)

Date

Company/Business Name

New Client Get Acquainted Questionnaire (for business owners only) CONTINUE Signature