New Client Questionnaire

1. Your name:
2. Your business name:
3. What industry are you in?
4. Are you the primary decision-maker for this Company?
5. If not, who is, and what is your role?
6. Phone:
7. Email:
8. Mailing Address:
9. City, State, zip:
10. Entity type:
    a. LLC
    b. S Corp
    c. Sole Proprietor
    d. C Corp
    e. Partnership
    f. Other
11. How many years have you been in business?
12. What size is your business in people?
    a. Just me! - Owner Operator
    b. 2 or more owners
    c. 1-2 Employees
    d. 3-15 employees
    e. More than 15 employees
    f. Other:
13. What size is your business in annual sales?
    a. Brand new start up - no sales yet
    b. Under $100,000
    c. Between $100k - $250k
    d. Between $250k - $500k
    e. Between $500k - $1million
    f. Between $1M - $5M
    g. Over $5 M annual sales
    h. Other:
14. How are you looking to grow?
15. What is your target annual revenue, and how quickly would you like to get there?
16. How motivated are you to achieve peace of mind in your company financials?
    a. Getting information
    b. Just weighing my options
    c. I’m ready now

17. What would make the most impact for you?
    a. Budgeting, Forecasting, and Intentional Decisions
    b. Bookkeeping/Payroll Services
    c. Year-End Wrap-up
    d. Mid-year Check-in
    e. Estimated payments and Tax Compliance
    f. Software/App Setup or Transition
    g. Profit Assessment and advisory services
    h. Live Plan Set up
    i. Cash Flow Projection
    j. Accounts Receivable Deep-Dive
    k. Gross Profit Margin-Analysis
    l. Chart of Accounts Clean-Up
    m. Produce/Service Review
    n. Exit Strategy/Continuation Plan
18. Do you know which of our packages you are interested in?
    a. First Class Package
    b. Business Class Package
    c. Premier Package
    d. Don’t know yet
    e. Other

Initial client meeting questionnaire:

1. Full legal name:
2. Date of Birth:
3. Social Security #:
4. Spouse full legal name:
5. Spouse date of birth:
6. Spouse social security #:
7. Dependents Full legal names, dates of birth, and social security numbers:

8. Married filing Joint or Married filing Separate
9. Date married
10. Date divorced (will need copy of divorce decree)
11. Last 2 years tax returns
12. Reason changing accountants
13. How did you find me

14. Business legal name
15. Business DBA
16. FEIN
17. LLC, Sole proprietor, S corp, C corp, Partnership?
18. Date Organized
19. State Organized
20. QB, Peachtree, Freshbooks?
21. Organizational documents (partnership agreement etc)
22. Fixed asset listing and depreciation report

23. List of all employees including:
    a. Full name
    b. Address
    c. Social security number
    d. Start date
    e. Birth date
    f. Pay rate
    g. Pay frequency
    h. W4
    i. Direct deposit authorization form
24. All ID#s:

    a. Federal ID
    b. OH withholding ID
    c. OH dept of Job and Family Services ID
    d. Workers Compensation Policy #

25. If converting mid year:
    a. Payroll Journals for all previous payrolls of year
    b. All quarterly tax returns filed for year
    c. All quarterly reports for year
    d. All monthly reports for year

26. Ohio business gateway access
27.