



# New Client Questionnaire

Organization Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tax Entity: Sole Proprietorship    LLC    C-Corp    S-Corp

SSN/EIN \_\_\_\_\_

Industry & Principal Product/Service: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Last year that taxes were filed: \_\_\_\_\_

Annual Revenue: \_\_\_\_\_

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

What accounting software do you currently use? \_\_\_\_\_

What payroll software do you currently use? \_\_\_\_\_

How often do you need to review financial reports?

- Daily    Semi-weekly    Weekly    Biweekly    Monthly    Quarterly    Annually

Do you carry inventory? Y/N

How much inventory do you have? \_\_\_\_\_

Is inventory listed on your balance sheet? Y/N

Do you have an itemized inventory list? Y/N

How many bank accounts, credit cards or bank loans do you have? \_\_\_\_\_

Do you use PayPal, Zelle or some other payment service? \_\_\_\_\_

Do you have any equipment leases or capital assets? Y/N

If yes, do you have an itemized list? Y/N

Do you collect Sales Tax? Y/N

Which States? \_\_\_\_\_

When did you last file? \_\_\_\_\_

Have you ever had a sales tax audit? Y/N

Do you track income and expenses by a specific segment/location/division of your business? Y/N

Do you track all direct expenses related to a customer or job? Y/N

Do you have a budget? Y/N

If yes, how often do you Monitor Actual vs. Budget Reports? \_\_\_\_\_

## Working Your Assets, PLLC

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