

New Client Questionnaire

Business Name:			EIN:
Primary Contact:			Phone:
Address:			Email:
City:	State:	Zip:	Entity Type:
Do you have Partner(s)/ Other Shareholder(s)? *If yes, please describe (i.e. type, ownership %, agreements, etc.)			
Date and State Incorporated:		Describe the primary nature of our business & type(s) of products or services to be sold:	
Accounting Information:			
What accounting software do you use? *If QuickBooks indicate Desktop or Online*			
How many Bank accounts do you have?		How many Credit Cards do you have?	
Do you use your business accounts to pay personal expenses? Yes _____ No _____			
Last completed financial statements date:			
Name of Bank:		Calendar Year:	
What do you expect from a bookkeeper?			
Payroll Information:			
Number of employee(s):			
How often do your employee(s) get paid?			
How many subcontractors do you have?			
Do you collect Sales Tax? Yes _____ No _____			
If Yes, Filing Frequency?		If Yes, Multiple States?	

In a separate email, you will receive an invitation to upload all relevant documents into our secure portal, which may include:

- Copy of Driver's License
- Bank Information
- EIN Letter
- W-4
- I-9 Form
- Direct Deposit Form
- State Business Tax Application

For your security, please do not email any documents containing personal information.