



Certified Accounting and Tax Advisors

Prospective Client Questionnaire for Businesses

Please complete this questionnaire and email to rverma@accttechcs.com
or Fax to **303 648 4338**

As a small business owner, myself, I enjoy working with others to achieve a common goal of personal success. This information will remain confidential and will be used to see if you are a good fit for our firm. We want to provide the best customer service possible, while helping you achieve your financial goals. I hope to be able to work with you soon. – Renne Verma

Business Name: _____

Federal ID: _____ State ID: _____

Year-End Date: _____ Date Incorporated: _____

What type of business is it? C Corp / S Corp / Multi Member LLC / Single Member LLC / Sole proprietor

What Service does your business provide: _____?

**Please be prepared to provide copies of the previous two (2) years of tax returns and Depreciation Schedule, if applicable*

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Personal Phone: _____

Email: _____

Website: _____





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Would you like to receive Premier CPA Services newsletter of tax tips? Yes / No

Main contact for business: _____ Phone: _____

Email: _____

Please list the names of all Shareholders/officers/members/owners:

Who is the primary contact for accounting information?

Phone: _____ Email: _____

Preferred method of contact: _____

What type of accounting software do you use (version, year) _____?

Do you produce monthly/quarterly financial statements? _____

Latest tax year filed with IRS? _____

Are you behind on any tax filings or payments? Yes / No

Have you ever been audited by any government agencies? Yes / No

If yes, please provide explanation:

Are you involved in any lawsuits with your business? Yes / No





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Have you filed Bankruptcy? Yes / No

Are you currently using a CPA firm? Yes / No

If yes, why are you leaving your current CPA?

How did you hear about our firm? Please be specific

What is your goal for our firm & your business to achieve together?

How frequently would you like to be in contact with your CPA? _____

What are your expectations from your CPA?

What type of help do you need (Circle all that apply)

Tax/ Accounting / Payroll / Sales Tax / other





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Payroll Information:

How many employees do you have? _____

How often do your employees get paid? _____

How many subcontractors do you have? _____

Bookkeeping:

How many Checking accounts do you have? _____

Approximate number of transactions do you have per month? _____

Do you use your business checking account to pay personal expenses? Yes / No

Sales Tax

Filing Frequency: _____

POS/ Accounting System: _____

Multiple States? Yes / No

Is there any other information we should know that could help us serve your accounting needs?

