

## New Client Get Acquainted Questionnaire

(for business owners only)

Name \_\_\_\_\_ Title \_\_\_\_\_

Office Address \_\_\_\_\_

Email \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

1. Are you the sole owner of the business?  Yes  No

2. If no, who else is involved? \_\_\_\_\_

3. Do you currently have a CPA?  Yes  No

4. Have you ever used a CPA?  Yes  No

5. Are you looking to engage a CPA?  Yes  No

6. Are you considering a change in CPAs?  Yes  No

7. What is your form of business?  Sole Proprietor  Partnership  
 Corporation (regular)  S-Corporation  
 LLC (Limited Liability Company)

8. When was the last time you filed your taxes? \_\_\_\_\_

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 time \_\_\_\_\_ part time

13. What was your gross sales last year? \_\_\_\_\_

14. How are you computing your payroll? \_\_\_\_\_

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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? \_\_\_\_\_
26. What are your goals for yourself in the next six (6) months? \_\_\_\_\_  
\_\_\_\_\_
- one (1) year? \_\_\_\_\_
- five (5) years? \_\_\_\_\_

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27. Do you have a business plan?  Yes  No If yes, for how many years? \_\_\_\_\_

28. Do you have a financial planner?  Yes  No

29. Are you interested in financial planning?  Yes  No

30. 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	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
B. More profit from your business (making more money)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
C. Accurately prepared tax return to avoid audit	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
D. Retirement funding	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
E. Education/College funding	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
F. Having good and proper investments	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
G. Having control over your finances	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
H. Filing taxes or getting out reports or financial statements in a timely manner	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
I. More time away from the business or able to take more vacation time	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

Which of the above stays in your mind as the most important?  
(check one)  A.  B.  C.  D.  E.  F.  G.  H.  I.

Second most important?  
(check one)  A.  B.  C.  D.  E.  F.  G.  H.  I.

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39. What was your net profit last year? \_\_\_\_\_

40. What is your tolerance for risk on investments?  High  Medium  Low  Very Low

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company/Business Name

\_\_\_\_\_  
Signature