

West End Accounting
New Client Questionnaire

Business Information			
Business Name:			
Business Owner:			
Business Address:			
	City:	State:	Zip:
Business Phone:	Business Fax:		
EIN:			
E-Mail Address:			
Type of Business:			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC			
<input type="checkbox"/> Other:			
New business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Officers of the Business			
Officer 1 Name:			
Officer 1 Address:			
Officer 1 SSN:			
Officer 1 Phone:	Officer 1 Fax:		
Officer 2 Name:			
Officer 2 Address:			
Officer 2 SSN:			
Officer 2 Phone:	Officer 2 Fax:		
Primary Contact			
Primary Contact Name:			
Primary Contact Phone:			
Payroll Information			
How often are employees paid?			
Number of employees:			
Number of garnishments (if any):			
Number of subcontractors (if any):			

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Bookkeeping Information	
Number of checking accounts:	
Approximate number of transaction per month:	
Is your business checking account used to pay for personal expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need monthly bank reconciliations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Statements	
How often do you need financial statements:	
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
Do you need tax returns prepared? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Business tax returns <input type="checkbox"/> Personal tax returns	
Previous Accountant	
Have you used an Accountant in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, can we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Accountant's Phone:	Accountant's Fax:
How do you currently market your business?	