NEW CLIENT QUESTIONNAIRE/INFORMATION

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| CONTACT INFORMATION |

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| --- | --- |
| Contact Name: | Office Phone #: |
| Title: | Fax #: |
| Address: | Cell # |
|  | Email: |
|  | Website: |
| Legal Business Information (As appears on tax returns) | |
|  |  |
| Legal Name: | dba Name: |
| Legal Address: | Industry: |
|  | EIN#: |
| Tax Filing Status: Cash Accrual | Fiscal Year End: |
| Entity Type:  Sole Proprietor  Partnership  S-Corp  C-Corp  LLC/LLP NFP | |
| Date of Incorporation: | State Unemployment #: |
| Sales Tax number/State: |  |
| Banking Information | Security Questions/Answers |
| Account Name: | Question 1: |
| Account Type: | Answer 1: |
| Last 4 Digits Debit Card: | Question 2: |
| User Name: | Answer 2: |
| Password: | Question 3: |
|  | Answer 3: |
|  | Question4: |
| Account Name: | Answer 4: |
| Account Type: |  |
| Last 4 Digits Debit Card: |  |
| Username: |  |
| Password: |  |
|  |  |
| Account Name: |  |
| Account Type: |  |
| Last 4 Digits Debit Card |  |
| Username: |  |
| Password: |  |
|  |  |
| Business CC/ Loan Information: |  |
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| LIST OF OFFICERS/TITLES/IMPORTANT INFORMATION  (THIS IS NEEDED TO REGISTER FOR SALES TAX AND OR RE-EMPLOYMENT TAX | |
| Name: | Title: |
| SS#: | Date of Birth: |
| Address: | City /State/Zip |
| DL# |  |
|  |  |
| Name: | Title: |
| SS#: | Date of Birth: |
| Address: | City /State/Zip |
| DL# |  |
|  |  |
| Name: | Title: |
| SS#: | Date of Birth: |
| Address: | City /State/Zip |
| DL# |  |
|  |  |
| Name: | Title: |
| SS#: | Date of Birth: |
| Address: | City /State/Zip |
| DL# |  |
| Sales Tax Information |  |
| Sales Tax Filing Requirement: (Ck One) | Monthly Quarterly |
| Sales Tax Online ID: | Password: |
| Calculation Basis (ck One) | Cash Accrual |
| Type of Sales: (ck all that apply | Retail Wholesale |
| Rental Vending OFS |  |
| Payroll Information |  |
| Number of Employees: | Pay Frequency : |
| Payroll Tax Deposit Requirements: |  |
| EFTPS User ID: | Password: |
| State Withholding Rate: |  |
| SUTA User ID: | Password: |
| Type of Payroll: Hourly Salary | Overtime Commission |
| Additional Deductions: |  |
| Additional Contributions: |  |
| Inventory |  |
| Inventory Type: Retail | Manufacturing |
| Other: |  |
| Valuation Basis: Average Cost | FIFO/LIFO |
| Other: |  |
| Tracking Method Perpetual | Periodic |
| Other: |  |
| Number of Unique Items: |  |
| Purchase/Sale unit of measure: |  |

*This I would like at the top the first thing they have to fill out:*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | QB Online |  | QB Desktop |  | QB Enterprise |  | Merchant svc |  | QB Training |
|  | Payroll – Outsourced |  | Payroll – Assisted |  | Payroll – Full Service |  | QB Hosting |  | HubDoc |
|  | Bill.com |  | E-commerce |  | Job Costing |  | Point of Sale |  | Sales Tax |

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| --- | --- |
| Documents Needed |  |
| \_\_\_ Prior year Tax Return | \_\_\_ Prior Year Balance Sheet & P&L |
| \_\_\_ Sales Tax Return (most recent) | \_\_\_ Federal 941 Tax Returns (current Year) |
| \_\_\_ Re-employment Returns (current year) | \_\_\_ QB Date File |
| \_\_\_ All bank accts. stmts. For Yr. working | \_\_\_ Copy of checks |
| \_\_\_ All Deposits – Details | \_\_\_ All Loan data /stmts. for yr. working |
| \_\_\_ All Credit Card Stmt. For Yr. working | \_\_\_ Cash Receipts |
| \_\_\_ Do you use PayPal | \_\_\_ Fixed Asset list and information |
| \_\_\_Who does your bookkeeping | \_\_\_ Do you use subcontractors |
| \_\_\_ Do you accept CC | \_\_\_ Who is present merchant svc. |
| \_\_\_ Company Logo | \_\_\_ List of Chart of Accounts |
| \_\_\_ List of inventory | \_\_\_ Price list and qty on hand |
| \_\_\_ Other Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |