 **Confidential Questionnaire** *(****Please complete prior to our appointment****)*

Your Name:

Company Name:

Business Address:

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_ \_Zip Code\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best time to reach you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Which services do you feel you need?**

1. Bookkeeping Services?  Yes  No
2. Payroll Services?  Yes  No
3. Tax Services?  Yes  No
4. Business Advisory Services?  Yes  No
5. Training Services?  Yes  No
6. Human Resource Administration Services?  Yes  No

## **About your business**

1. What is your business entity type (LLC, S-Corp, C-Corp, etc.)?
2. Who prepares your business taxes?

🞏 I prepare myself 🞏 H & R Block or other tax service 🞏 Accountant or CPA

1. Is your bookkeeping up to date?  Yes  No
2. How many sales invoices per month do you create?

* 1-10
* 11-30
* 31-70
* 71-120
* 121-230
* 231-380
* 381-580
* 581-870
* 870+

1. What type of business are you? 
2. How many divisions (locations) do you have?

* 0-1
* 2-5
* 6-10

1. Do you want us to account for your divisions (locations)?  Yes  No
2. Are you required to be registered for sales tax?  Yes  No

***Answer the following for all accounts, please.***

1. How many bank or credit card transactions do you process per month?



1. How many sales receipts or invoices do you process per month?



1. How many checks or bill payments do you process per month?



1. How many purchase order or direct purchases do you process per month?



1. How many foreign currency transactions do you process per month?



1. How many active bank accounts do you have (checking)?
2. How many other bank accounts do you have (e.g. deposit accounts)?
3. How many credit card accounts do you have?
4. How many sales tax returns do you process each month?
5. How many digital wallets do you accept (PayPal, SamsungPay,

ApplePay, Venmo, CashApp or GooglePay)?

1. How many employees do you have?
2. What is your pay frequency? 🞏 Weekly 🞏 Bi-Weekly/Semi-Monthly 🞏 Monthly
3. What accounting system do you currently use?



1. How many members/subscribers does your not-for-profit have?
2. How many donor restricted funds does your not-for-profit have?

## **Other things you might want:**

1. How often do you want our services?

🞏 Weekly 🞏 Bi-Weekly 🞏 Monthly 🞏 Monthly

1. How frequently do you want a review meeting?

🞏 Weekly 🞏 Bi-Weekly 🞏 Monthly 🞏 Monthly

1. How many hours is spent on payroll processing per week (skip if no employees)?

🞏 0-5 hours 🞏 6-15 hours 🞏 15+ hours

1. How many hours is spent on your bookkeeping or financial data per week?

🞏 0-5 hours 🞏 6-15 hours 🞏 15+ hours

**Please state your business goals:**

The next 6 months?

One year?

Five years?

Thank you for completing this form. Please email the completed form to:

hugheswalkergroup@gmail.com. We will call to discuss a consultation.