

BUSINESS CLIENT QUESTIONNAIRE

BUSINESS INFORMATION:

BUSINESS NAME:

BUSINESS ADDRESS:

PRIMARY CONTACT:

WORK PHONE:

FAX:

CELL PHONE:

EMAIL 1:

EMAIL 2:

BUSINESS WEBSITE:

TYPE OF BUSINESS - Entity type: 1120 1120S 1065 1041 990

Name of Bank and Banking Officer:

How long have you been in business?

Do you have Partners / Other Shareholders? If yes, please describe (i.e. type, ownership %, agreements, etc):

Are you profitable? (If not, how do you plan on covering operations and cash flow?)

Why are you contacting Worthing & Going? What service would you like us to provide you?

PLEASE PROVIDE US WITH COPIES OF THE LAST 3 YEARS OF FEDERAL AND STATE TAX RETURNS

SERVICE RELATED QUESTIONS:

How did you learn about Worthing & Going, PA?

What do you expect of your Accountant?

Do you have a current/previous Accountant/Accounting Firm?

Do you have an outstanding balance with your previous Accountant?

Have you informed your current Accountant/Advisor that you are meeting with us?

What DON'T you like about dealing with your current Accountant/Accounting Firm?

What DO you like about dealing with your current Accountant/Accounting Firm?

What is your annual Advisor budget?

How important is rapid response on accounting and tax questions?

What do you consider a rapid response?

Please rate your Company's strength in the following areas using a 5 point scale with 1 = Poor / 5 = Superior

Overall vision / mission strategy

Sales / Marketing

Leadership

Finance / Cash Flow / Banking

Administration

Inter-Dept Cooperation

Succession Planning/Exit Strategy

Who are your most influential advisors and how frequently do you contact them for advice?

What is your current "pain", i.e. business problem?

How do you see us helping you address these challenges and opportunities?

SERVICE RELATED QUESTIONS (continued)

What growth plans do you have?

Do you expect capital needs?

New Financing?

What are the three most importance future issues that will impact your Company's performance?

Do you prepare an annual budget or financial forecast?

Are you concerned about any of your asset, liability, or income statement accounts to which we should pay particularly close attention? If so, please list:

Would you be comfortable if we were to attend one/some of your integral management meetings as observers?

How do you suggest we best learn about your business so we can relate your operations to the financial information and so we can be more proactive in helping you maximize your business success?

May our associates tour your facilities?

What trade journals do you read? What seminars and trade shows do you regularly attend?

Is your bookkeeping system: ____manual ____computerized - what software do you use? _____

For how long? _____ Who set-up your systems? _____

Do you employ a bookkeeper? ____full-time ____part-time If not, who is in charge of the following:

Paying bills _____ Reconciling bank accounts _____

Making Deposits _____ Tracing customer accounts / billing / statements _____

General Ledger and other bookkeeping _____

Please rate your satisfaction with your current bookkeeping system, using a 5 point scale 1 = Low / 5 = High

Ease of Use

Cost

Ability to grow with my business

Comprehensive in addressing the needs of the business

Usefulness of information

Customer support

Overall satisfaction

SERVICE RELATED QUESTIONS (continued)

Do you prepare your own payroll? If so, do you utilize software? What software_____

If you use a payroll company, please provide contact info:_____

Do you expect your accountant/advisor to contact you periodically throughout the year?

What is your preferred method of communication with your accountant/advisor (telephone / email / meet in person / mailings) ?

How do you feel about being contacted by a firm member other than your initial contact?

Do you envision any other changes in your needs?

If price weren't an issue, what role would you want us to play in your business:

What evidence will you need to see in six months to determine whether you have made the correct decision to hire us?

Please list any other service-related items or other discussion/disclosure points that you feel strongly about that we have not covered in this questionnaire?

OWNERS INFORMATION:

LAST NAME:		FIRST NAME:	MI
ADDRESS:			
CITY		STATE	ZIP
HOME PHONE:	WORK PHONE:	CELL PHONE:	
FAX:	EMAIL:		
Do you have a home office? YES NO		Type of Internet Access, if any:	
Would you like to receive our Monthly Newsletter? YES / NO			

OWNERS INFORMATION:

LAST NAME:		FIRST NAME:	MI
ADDRESS:			
CITY		STATE	ZIP
HOME PHONE:	WORK PHONE:	CELL PHONE:	
FAX:	EMAIL:		
Do you have a home office? YES / NO		Type of Internet Access, if any:	
Would you like to receive our Monthly Newsletter? YES / NO			

OWNERS INFORMATION:

LAST NAME:		FIRST NAME:	MI
ADDRESS:			
CITY		STATE	ZIP
HOME PHONE:	WORK PHONE:	CELL PHONE:	
FAX:	EMAIL:		
Do you have a home office? YES / NO		Type of Internet Access, if any:	
Would you like to receive our Monthly Newsletter? YES / NO			