



Sands Business Management

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New Client 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 an accountant? Yes No

4. Have you ever used an accountant? Yes No

4. Are you looking to engage an accountant? Yes No

5. Are you considering a change in accountants? Yes No

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

7. When was the last time you filed your taxes? _____

New Client Get Acquainted Questionnaire
(for business owners only) continued

8. Have you ever filed for bankruptcy? Yes No If yes, when

9. How long have you been in business? _____
10. What does your company do? _____
11. How many employees do you have? _____ full time _____ part time
12. What was your gross sales last year? _____
13. How are you computing your payroll? _____
14. Do you ever have problems with tax deposits and/or payroll tax reporting? Yes No
15. How have you been keeping your financial data?

16. Are you having any problems with your bookkeeping? Yes No
If yes, what? _____
17. How many bookkeepers have you had in the last five (5) years? _____
18. How many hours do you spend on bookkeeping per week? _____
19. Do you owe any money to the IRS? Yes No
20. Do you ever have to come up with a lump sum at the end of the year or after taxes are filed?
 Yes No
21. Do you make estimated tax payments? Yes No
22. Do these estimated payments cover your yearly tax bill? Yes No
23. What do you hope to gain from our consultation? _____

24. What are your goals for your business in the next six (6) months? _____

New Client Get Acquainted Questionnaire
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one (1) year? _____

five (5) years? _____

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 yourself in the next six (6) months? _____

one (1) year? _____

five (5) years? _____

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

New Client Get Acquainted Questionnaire
(for business owners only) continued

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?

New Client Get Acquainted Questionnaire
(for business owners only) continued

(check one) A. B. C. D. E. F. G. H. I.

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