



Company Name		
Street Address		
City	State	Zip Code
Mailing Address		
City	State	Zip Code
Website	Business Telephone	Business Fax
Primary Contact Name		Title
Contact Telephone	Business Cell Phone	Business Email

Business Structure (please highlight)					
C Corp	S Corp	Sole Proprietorship	Partnership	LLC	LLP

Fiscal Year Start Month	Tax Year Start Month	Do you require job costing?
How many locations do you have?	Multiple States? (yes/no)	Primary Industry

What are you accounting needs? (check all that apply)

<input type="checkbox"/>	New bookkeeping/accounting system set-up
<input type="checkbox"/>	Record transactions (checks, deposits, electronic payments and deposits, etc.)
<input type="checkbox"/>	Accounts Payable (pay approved bills and expenses)
<input type="checkbox"/>	Accounts Receivable (create invoices and mail; apply payments to invoices)
<input type="checkbox"/>	Reconcile checking, savings, line of credit and credit card statements
<input type="checkbox"/>	Make necessary adjusting journal entries for inventory, accounts receivable, asset depreciation, etc.
<input type="checkbox"/>	Financial Statement Preparation
<input type="checkbox"/>	Payroll processing and management
<input type="checkbox"/>	Other:

What financial reports are needed for management review (check all that apply)

	Profit & Loss
	Balance Sheet
	Cash Flow
	Aging Reports
	Other:

Please answer the following questions related to your business

Y	N	Does your company maintain and track inventory?
Y	N	Do you collect sales tax from your customers?
Y	N	Do you have employees? If yes, how many? ____ If yes, how often do you pay them? _____
Y	N	Do you use 1099 vendors (independent contractors)
Y	N	Do your employees or 1099 vendors receive commission based compensation?
Y	N	Do you use online bill pay?
Y	N	Do you accept credit cards as a method of payment?

Indicate number of separate accounts for each account below:

Checking	Savings	Loans	Credit Cards	Lines of Credit	Paypal	Other
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Authorized people with whom we may discuss bookkeeping and accounting matters:

Name _____ Role _____ Telephone _____ Email _____

Name _____ Role _____ Telephone _____ Email _____

Name _____ Role _____ Telephone _____ Email _____

Name _____ Role _____ Telephone _____ Email _____

Name _____ Role _____ Telephone _____ Email _____

_____ Date _____
 Business Representative Signature

ATC Use Only
 Accountant _____ Account Manager _____ Account Number _____
 EL Sent _____ EL Scanned _____ Consultation _____

Company Ownership Information

Name	Title	Ownership Percentage

Professional Advisors

Please list contact information for your below listed advisers

Adviser	Name	Firm	Telephone
Attorney			
Insurance Agent			
Bank			
Current Accountant			
Other:			

Please list any other important information or details
