

Business Tax Services Questionnaire

Company	name:		
Contact p	erson:		
Email add	ress:		
Phone nu	mber:		
Address:			
Website:			
Business I	Entity Type		
	Corporation		
	Partnership		
	LLC		
	Sole Proprietor		
	Other		
Estimated	l Revenue		
	<\$1M		
	\$1 - \$5M		
	> \$5M		
Number of Enployees:			
What type	e of tax return do you currently file with the IRS?		
	990		
	1040		
	1065		
	1120		
	11205		



Business Tax Services Questionnaire

Which type of taxes do you currently pay, select all that apply?		
	Payroll taxes	
	Sales tax	
	Excise taxes	
	Other	
What type of financial statements do you require for your entity?		
	Audited	
	Compiled	
	Reviewed	
Who requires your audited or reviewed financial statements?		
	A bank	
	The State	
	Authority - please specify:	
	Other	
What typ	e of accounting software do you use?	
	QuickBooks Online	
	QuickBooks Desktop	
	Other	
What typ	es of services does your current accounting firm provide?	
	Tax preparation	
	Tax planning and projections	
	Monthly or quarterly visits	
	Financial statement preparation	
	Bookkeeping	
	Other	



Business Tax Services Questionnaire

☐ Defined Benefit/Cash Balance Plan			
401(k)/Profit Sharing Plan			
☐ Simplified Employee Pension			
Other			
Is there a specific reason that prompted your search for a new CPA firm?			