



QuickBooks® Client Interview

Dear Client,

Please fill out this form and return it to us so that we can better assess your accounting software needs. Please return it via email or fax. If necessary, attach more information about your specific needs that will help us better understand your business.

Client Company Information

- Company Name: _____
 Sole Prop Partnership C Corp. S Corp. LLC LLP
Address: _____
City/St/Zip: _____ Phone _____
Last Month of Tax Year (e.g., Dec)? _____ Owner(s) Names / % ownership _____
Accounting/Bookkeeping Contact at company _____
Name of CPA Firm Contact / Phone _____ Phone _____
- What is your industry? _____
- Do you have employees? YES NO If so, how many employees do you have? _____
Do you intend to use, or are you currently using, QuickBooks® to process your payroll? YES NO
If yes, which Intuit Payroll Service do you use? _____
If no, which Outside Payroll Service to you use? _____
- What is the company's approximate annual revenue? _____
- Do you collect Sales Tax? YES NO
- How many sales do you complete per year and what is your average income per sale? If you have several businesses, please specify these averages for each business. _____
- How many repeat customers/clients do you have? _____
- Do you intend to use QuickBooks® to track inventory? YES NO
If so, approximately how many Inventory Items do you stock? _____

Continued





9. Do you have (or need) a cash register, Point of Sale System or separate customer billing software? YES NO
If yes, which one? _____

10. Do you need multi-user access? YES NO If so, what kind of network do you have? _____
How many employees will access the file simultaneously? _____
How many users on the network have access to the Internet? _____
What type of Internet connection is available to the QuickBooks® computer? _____

11. I am primarily interested in using QuickBooks® for (check one)
 Management of the company only, tax return information is not kept in QuickBooks.
 Preparing financial statements for my tax returns or creditors only, no need for management reports.
 Both management and tax return records are essential to be tracked in QuickBooks.

12. Do you pay 1099 vendors (contractors YES NO Approximate #? _____

13. Do you need a departmental profit and loss? YES NO # of depts.? _____

14. Do you need budget reports? YES NO How many accounts are budgeted? _____
Does the company need departmental budget reports? YES NO
Does the company need budget reports for each customer or job? YES NO

15. Do you need job cost reports? YES NO

16. On a scale of 1 to 10, 1 being no bookkeeping experience and 10 being a bookkeeping expert, rate the skill level of your QuickBooks® users.

Name/level: _____/ _____

Name/level: _____/ _____

Name/level: _____/ _____

17. On a scale of 1 to 10, 1 being no QuickBooks® experience and 10 being a QuickBooks® expert, rate the skill level of your QuickBooks® users.

Name/level: _____/ _____

Name/level: _____/ _____

Name/level: _____/ _____

Continued





18. What accounting solution are you currently using? (e.g., QuickBooks® or another accounting software solution, compilation or bookkeeping services, a manual ledger system, etc.) _____

19. Do you have access to accurate, monthly profit and loss reports or year-to-date GL balances from your previous system? _____

20. Regarding the computer(s) on which QuickBooks® will operate, please fill in this table:

1) Computer User Name					
Year of Purch.	O/S	Processor	RAM Size	Hard Disk Size	CD <input type="checkbox"/> Zip <input type="checkbox"/> Internet <input type="checkbox"/>
2) Computer User Name					
Year of Purch.	O/S	Processor	RAM Size	Hard Disk Size	CD <input type="checkbox"/> Zip <input type="checkbox"/> Internet <input type="checkbox"/>
3) Computer User Name					
Year of Purch.	O/S	Processor	RAM Size	Hard Disk Size	CD <input type="checkbox"/> Zip <input type="checkbox"/> Internet <input type="checkbox"/>
4) Computer User Name					
Year of Purch.	O/S	Processor	RAM Size	Hard Disk Size	CD <input type="checkbox"/> Zip <input type="checkbox"/> Internet <input type="checkbox"/>
5) Computer User Name					
Year of Purch.	O/S	Processor	RAM Size	Hard Disk Size	CD <input type="checkbox"/> Zip <input type="checkbox"/> Internet <input type="checkbox"/>

21. Are you interested in using our firm to setup a new QuickBooks® data file for your company?

YES NO Not Sure

If yes, please answer the following:

a. Will the setup occur in the middle of a calendar year? _____ YES NO

b. Will the setup occur in the middle of a fiscal year? _____ YES NO

22. Do you already own the appropriate number of licensed copies of QuickBooks? YES NO

If not, you may purchase QuickBooks® products at a significant discount.

23. If applicable, do you already own the appropriate number of licensed copies of other software we will install or configure? For example, QuickBooks POS or a QuickBooks Add-on product? YES NO

Product Name(s) and Version: _____

If not, would you like us to purchase and install the software for you? YES NO

