



Tel : (856) 258-7800 Fax: (856) 258-7858
 Email: info@sikkaandassociates.com
www.SikkaAndAssociates.com

BUSINESS CLIENT QUESTIONNAIRE

Personal Data

First Name:	MI	Last Name:
Street Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Fax:	Email:	

Business Data

Business Name:
Type of Business:
Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> S- Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/>
EIN:
Business Address:
Business Website:
How long have you been in business? _____ Business start date(if new business): _____
Do you have partners/shareholders? If so, please describe (i.e. type, ownership %, etc.) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Primary Contact Info:

Contact Name:
Contact Phone:

Payroll Information

Name of the Payroll Company:		
Contact Name:		
Phone:	Fax:	Email:

Record keeping Information

Is your bookkeeping system: manual computerized, which software do you use?

Services Needed:

Bookkeeping	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Financial Statements	<input type="checkbox"/>	Projections	<input type="checkbox"/>
Sales Tax	<input type="checkbox"/>	Corporation Tax Return	<input type="checkbox"/>	Personal Income Tax Return	<input type="checkbox"/>		
Tax Planning	<input type="checkbox"/>	Other(List)	<input type="checkbox"/>				

Previous Accountant Information

Have you used an Accountant in the past?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, can we contact them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Accountant's Name:				
Accountant's Phone:				
Accountant's Email:				

Fees Schedule

Monthly:
Yearly Charges for Corporation Return:
Yearly Charges for Personal Tax Return:
Other Charges (Server or Initial Set up etc.)

How did you hear about us or referred by?

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Authorized Signature

By Signing below, I/we have agreed with the fees above. We are authorizing “Sikka & Associates’s personnel to start providing me above services for my business.

By signing below, I/we understand, this is an agreement between an accountant and the client. Both have a right to terminate this agreement at any time by giving 30 days notice to respective party. Termination will not be valid if any invoice for the accounting fee is pending.

Signature

Signature

Officer’s Name

Officer’s Name

Date:

Date:

Mailing Address: 1200 Laurel Oak Rd. Suite 107 Voorhees, NJ 08043