

New Client Interview

Client Name _____
Contact _____
Address _____

Phone/Fax _____
Tax ID _____
Prepared By _____

Check the boxes that apply

TYPE OF BUSINESS

- | | | |
|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> C-Corp | <input type="checkbox"/> S-Corp | <input type="checkbox"/> Non-profit |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietor | Other _____ |

ACCOUNTING BASIS

- | | |
|-------------------------------|----------------------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Accrual |
|-------------------------------|----------------------------------|

PAYROLL

- Responsible Party:
- | | |
|--|--|
| <input type="checkbox"/> Client | <input type="checkbox"/> Accountant |
| <input type="checkbox"/> Outside Service | <input type="checkbox"/> QuickBooks Deluxe Payroll Service |

- Type of Payroll:
- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Hourly | <input type="checkbox"/> Salary |
| <input type="checkbox"/> Commission | <input type="checkbox"/> Overtime |
| <input type="checkbox"/> None | <input type="checkbox"/> Other(_____) |

- Additions / Deductions / Contributions:
- | | |
|---------------------------------------|---|
| <input type="checkbox"/> SEP | <input type="checkbox"/> Union Benefits |
| <input type="checkbox"/> 401K | <input type="checkbox"/> Reported Trips |
| <input type="checkbox"/> Other(_____) | |

- Accrued Benefits
- | | |
|-------------------------------|--------------------------------------|
| <input type="checkbox"/> Sick | <input type="checkbox"/> Vacation |
| | <input type="checkbox"/> Other _____ |

- Tax Deposits
- | | |
|---|--|
| <input type="checkbox"/> Federal – monthly | <input type="checkbox"/> Federal – per payday |
| <input type="checkbox"/> State – monthly | <input type="checkbox"/> State – quarterly |
| | <input type="checkbox"/> Local - _____ |
| <input type="checkbox"/> Federal unemployment | <input type="checkbox"/> State unemployment Rate _____ |

