

REHFELDT GROUP

CERTIFIED PUBLIC ACCOUNTANTS

Business Client Information Sheet

Business name:		Primary contact:	
Type of business entity type, choose one: 1120 1120S 1065 1041 990 Sch C			
Mobile phone:	Home phone:	Work phone:	Preferred phone:
Email:		Contact by phone or email?	
Mailing address:			
City:		State:	Zip:

Additional contact name (if applicable):		Mobile phone:	Work phone:
Email:		Contact by phone or email?	

Is your bookkeeping system manual or computer based (list software)?		
Do you employ a bookkeeper? If so, are they full-time or part-time?		
If you do not employ a bookkeeper, who is in charge of the following:		
Paying bills?	Reconciling bank accounts?	General ledger/bookkeeping?
Do you prepare your own payroll? If so, what software do you utilize?		
Who is your payroll company?		
Please rate your satisfaction with your current bookkeeping system (1-Low, 5-High):		

What don't you like about dealing with your current accountant?
What do you like about dealing with your current accountant?

What is your current "pain", i.e. business problem?

Please list any other service-related items or discussion/disclosure points that you feel strongly about that we have not covered in this questionnaire:
How did you hear about Rehfeldt Group, P.A.?
Please provide us with the last 2 years of your tax returns

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