

Client Discovery Questionnaire

Contact Information	
Name:	
Business Name (if applicable):	
Email Address:	
Phone Number:	
Preferred Method of Contact:	
Business Background	
How long has your business been in operation?	
What type of entity is your business? (LLC, S-Corp, etc.):	
What industry does your business operate in?	
Describe your business in a few sentences:	
Financial Information	
What is your approximate annual revenue?	
Do you have any outstanding loans or debts?	
How many employees do you have?	
Bookkeeping Needs	
Are you currently using any bookkeeping software? If ye	es, which one?
What are your primary bookkeeping needs? (e.g., month	nly reconciliations, financial reporting, etc.)?
Do you have any specific bookkeeping challenges or pain points?	



Client Discovery Questionnaire continued

Goals and Expectations What specific goals would you like to achieve with our bookkeeping service?	
What are your expectations from a bookkeeping service?	
Timeline and Availability	
How soon do you need assistance with your bookkeeping?	
Are there any specific deadlines or time constraints we should be aware of?	
Additional Information Is there any other information you think we should know before our initial discovery call?	
Do you have any questions or concerns for us?	
How did you hear about us?	
Social media	
Online search	
Referral, please specify:	
Other, please specify:	
Consent for Contact	
By submitting this form, you consent to us contacting you regarding your bookkeeping needs.	
Signature Date	