

# LB BOOKKEEPING SERVICES

## CLIENT QUESTIONNAIRE



### CLIENT INFORMATION

Business Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Website: \_\_\_\_\_

Social Media (if applicable) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### BUSINESS AND FINANCIAL OVERVIEW

1. Do you currently use an accounting software? If yes, which one?
2. When was your last financial statement completed?
3. Are your books currently up to date?
4. Are your tax returns current?
5. Do you have employees or subcontractors? If yes, how many?
6. Do you manage inventory? If so, how is it tracked?
7. Do you use a POS system? If so, which one?
8. Approximate number of monthly transactions? Sales, expenses, etc.

### BOOKKEEPING HISTORY AND GOALS

9. Have you worked with a bookkeeper or accountant before? If yes which services did they provide?
10. Do you report and pay sales tax?
11. What did you appreciate about your previous bookkeeper/accountant? What didn't work out?

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12. What financial organization challenges are you facing that a bookkeeper could help solve?
13. What obstacles are preventing you from resolving these issues?
14. How involved would you like to be in your business's bookkeeping process?

**Thank you for taking the time to complete this questionnaire.**

Your responses help us understand your business's unique needs and challenges, allowing us to tailor our services with precision and care. By sharing this information upfront, you're helping us streamline the onboarding process, reduce back-and-forth, and get straight to work organizing your financials. Our goal is to make your bookkeeping experience smooth, transparent, and empowering from day one—and this form is the first step toward that. We look forward to supporting your business with clarity, accuracy, and trust.