

Business Survey

Today's date: _____

Business Name: _____

Type of Entity: C-Corp S-Corp Partnership Sole Proprietor LLC

Owner's Name(s): _____

Year End (Month): _____ Year Business started: _____

Number of Employees:

Full-Time:

Part-Time:

 None

Who processes your payroll? Self Service Providers Name: _____

Please provide a brief description of your business including products and services:

What is your current annual revenue?	\$		
Are you registered for Sales Tax?	<input type="radio"/> Yes	<input type="radio"/> No	
Who does your bookkeeping?	<input type="radio"/> Self	<input type="radio"/> Other:	
Do you use accounting software?	<input type="radio"/> No	<input type="radio"/> Yes (List vendor):	
Do you currently have IRS issues or other similar types of problems?	<input type="radio"/> No <input type="radio"/> Yes (please describe below):		
Do you have a system in place to pay the least amount of taxes possible?	<input type="radio"/> Yes	<input type="radio"/> No	
Do you produce and review your financial statements each month?	<input type="radio"/> Yes	<input type="radio"/> No	
Which of the following Retirement Savings Plans do you currently provide?	<input type="radio"/> 401K	<input type="radio"/> Simple	<input type="radio"/> Other (please list):
	<input type="radio"/> SEP	<input type="radio"/> IRA	
Are you very satisfied with the results you are achieving in your business?	<input type="radio"/> Yes	<input type="radio"/> No	
Have you ever considered business coaching?	<input type="radio"/> Yes	<input type="radio"/> No	
Have you ever worked with a business consultant?	<input type="radio"/> Yes	<input type="radio"/> No	