

**NEW BUSINESS CLIENT INFORMATION**

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**Contact Information**

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Company: \_\_\_\_\_ EIN: \_\_\_\_\_ - \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Business Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Business Website: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Business Email: \_\_\_\_\_

Company Bookkeeper: \_\_\_\_\_ Bookkeeper Contact Info: \_\_\_\_\_

Company Attorney: \_\_\_\_\_ Attorney Contact Info: \_\_\_\_\_

Company Financial Advisor: \_\_\_\_\_ Advisor Contact Info: \_\_\_\_\_

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Member/Partner: \_\_\_\_\_ % Member/Partner: \_\_\_\_\_ %

Member/Partner: \_\_\_\_\_ % Member/Partner: \_\_\_\_\_ %

Type of Industry: \_\_\_\_\_

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

Referred by: \_\_\_\_\_

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**Service Related Questions**

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Why are you contacting Eger CPA? \_\_\_\_\_

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What do you expect of your CPA? \_\_\_\_\_

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What is your current "pain," i.e. business problem(s)? \_\_\_\_\_

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Who are your most influential advisors and how frequently do you contact them for advice? \_\_\_\_\_

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Please rate your Company's strength in the following areas, using a 5 point scale. 1=Poor & 5=Superior:

Overall Vision/Mission/Strategy?	_____	Leadership?	_____
Finance/Cash Flow/Banking?	_____	Administration?	_____
Inter-Departmental Cooperation?	_____	Sales & Marketing?	_____
Succession Planning or Exit Strategy?	_____		

What keeps you "awake at night" regarding your business? \_\_\_\_\_

What are the three most important current issues impacting your company's performance? \_\_\_\_\_

If price weren't an issue, what role would you want Eger CPA to play in your business? \_\_\_\_\_

How often would you like to meet with your accountant/advisor? \_\_\_\_\_

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**Fill in the circle. Which of these services you would like to learn more about?**

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|---|--|
| <input type="radio"/> Business Tax Preparation                                      | <input type="radio"/> Budgets or Forecasts             |
| <input type="radio"/> Owner's Tax Preparation                                       | <input type="radio"/> Cash Flow Planning               |
| <input type="radio"/> Tax Planning for Business & Owners                            | <input type="radio"/> Accounting Software Consultation |
| <input type="radio"/> Preparing Annual Financials                                   | <input type="radio"/> Accounting Software Training     |
| <input type="radio"/> Quarterly/Semi-Annual Financials                              | <input type="radio"/> Bookkeeping Services             |
| <input type="radio"/> Estate Planning for Owners                                    | <input type="radio"/> Financial Planning for Owners    |
| <input type="radio"/> Business Valuation for Estate Planning or Buy/Sell Agreements |  |

Please list any services, not mentioned above, that you are interested in: \_\_\_\_\_

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**General Reminders**

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Please provide the following documents: 1. A complete copy (Federal, State, Local) of your prior 2 years' tax returns. 2. A copy of our Organizing Documents, referred to as your "Permanent File," including your Articles of Organization, Official IRS Correspondence (EIN, S-Corp Election), and other initial business/employer registration filings (Fed, State, Local, Employment Tax Registration, etc.)

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