



# MTK Accounting Solutions

## Client Assessment

Company Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Date: \_\_\_\_\_

### OVERVIEW

The purpose of this questionnaire is to determine your accounting-related needs, concerns and scope of work. Exact figures are not necessary – estimates are acceptable. This will provide us with information we need to better understand how we can help you. All information is considered confidential.

### GENERAL

1. Type of Industry:

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Distribution  | <input type="checkbox"/> Services   |
| <input type="checkbox"/> Retail        | <input type="checkbox"/> Franchise  |
| <input type="checkbox"/> Construction  | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> High Tech  |
| <input type="checkbox"/> Other: _____  |                                     |

2. How are you handling your accounting and tax work today?

- Internal
- Owner
  - Accountant
  - Bookkeeper
  - Office Manager
- External (Firm Name: \_\_\_\_\_)
- CPA or Accounting firm
  - Bookkeeping firm

3. Annual Revenue: \$ \_\_\_\_\_ Expected Growth Rate (%) \_\_\_\_\_ Year End Date: \_\_\_\_\_

4. Entity Type

- Sole Proprietorship
- Partnership or LLC
- Corporation
- S Corp
  - C Corp

5. Year business started: \_\_\_\_\_

6. Number of office locations or profit centers: \_\_\_\_\_

7. Current accounting software system: \_\_\_\_\_

8. Main reason(s) you are seeking accounting solutions from MTK (Check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Start-up company                      | <input type="checkbox"/> Better controls                           |
| <input type="checkbox"/> High growth – need support            | <input type="checkbox"/> Wish to avoid capital investment in HW/SW |
| <input type="checkbox"/> Save money                            | <input type="checkbox"/> Current system out-dated                  |
| <input type="checkbox"/> Reduce/eliminate accounting personnel | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> Primary focus on core business        |  |

9. Which of the following applications are you presently considering outsourcing (Check all that apply):

- Accounts payable
- Accounts receivable
- Sales orders / invoicing
- General ledger
- Bank account reconciliation
- Payroll
- Fixed assets
- Inventory
- All of the above
- Other: \_\_\_\_\_

10. Special Application Needs (Check all required):

- Time and billing
- Multi-entity consolidations
- Business development
- Cost accounting
- Multi-state payroll
- Fund accounting
- Contact management (CRM)
- Employee expenses
- Other: \_\_\_\_\_

11. Timeframe for implementation:

- Immediate
- Planned (3 – 6 months)
- Under consideration (more than 6 months)

12. Number of Accounting department employees:

- 1
- 2 – 3
- 4 – 5
- 6 – 7
- more than 7

13. If you have transactions in currency other than U.S., number of different currencies:

- Not Applicable
- 1 – 2
- 3 – 4
- 5 – 6
- More than 6

**ACCOUNTS PAYABLE \*\*Please provide your last two months bank statements with this assessment\*\***

1. \_\_\_\_\_ Number of active vendors

2. \_\_\_\_\_ Average number of bills per month

3. Frequency of check writing:

- Daily
- Bi-weekly – which day? \_\_\_\_\_
- Weekly – which day? \_\_\_\_\_
- Semi-monthly – which dates? \_\_\_\_\_
- Monthly – which day? \_\_\_\_\_

4. Number of checks/withdrawals per month (including debit card transactions):

- 1 – 25
- 26 – 50
- 51 – 75
- 76 – 100
- 101 - 200
- 201 +

**GENERAL LEDGER**

1. \_\_\_\_\_ Number of accounts on trial balance (Chart of Accounts)

2. Reports you currently generate or require (Check all that apply):

- Financial Statements (Balance Sheet & Income Statement)
- Consolidated Financial Statements
- Comparative Financial Statements
- Budgets
- Cash Flow
- Forecasts
- Other: \_\_\_\_\_

**RECONCILIATIONS**

Number of accounts:

- \_\_\_\_\_ Checking
- \_\_\_\_\_ Savings
- \_\_\_\_\_ Money Market, CD, other
- \_\_\_\_\_ Charge cards

Who is your bank? \_\_\_\_\_ Using online banking? \_\_\_ Yes \_\_\_ No

**PAYROLL**

- 1. \_\_\_\_\_ Number of employees at this location
- 2. \_\_\_\_\_ Number of out-of-state employees
- 3. \_\_\_\_\_ Number of states you have employees in today

4. Payment Method desired:

- Direct Deposit
- Paycheck "live"
- Some of each of above

5. Paycheck frequency:

- Weekly – which day? \_\_\_\_\_
- Bi-Weekly – which day? \_\_\_\_\_
- Monthly – which day? \_\_\_\_\_
- Semi-Monthly – which dates? \_\_\_\_\_
- Other: \_\_\_\_\_

6. Method used to track hourly employee time cards:

- Manually
- Electronically
- Does not apply

7. Which service provider do you currently use for payroll:

- ADP
- Compupay
- Paychex
- QuickBooks\Intuit
- In-house/manual
- Outside accountant
- Other: \_\_\_\_\_

8. \_\_\_\_\_ Number of 1099's required for service subcontractors

**SALES TAXES**

How often do you pay sales tax?

- \_\_\_\_\_ Monthly
- \_\_\_\_\_ Quarterly
- \_\_\_\_\_ Annually
- \_\_\_\_\_ None

**FIXED ASSETS**

- 1. \_\_\_\_\_ Current number of fixed assets
- 2. \_\_\_\_\_ Additional assets added per month

**FINANCING**

- 1. \_\_\_\_\_ Number of Lines of credit
- 2. \_\_\_\_\_ Number of term notes
- 3. \_\_\_\_\_ Number of floor plans (if applicable)

What does your bank require? \_\_\_ Audit \_\_\_ Review \_\_\_ Compiled Statements \_\_\_ Internal Financial Statements

**ACCOUNTING CYCLE**

What was the date of your last financial statements? \_\_\_\_\_

Who completed these financial statements?

- \_\_\_\_\_ Internal (Owner, Bookkeeper, Office Manager)
- \_\_\_\_\_ External (Accountant or Bookkeeper)

**INCOME TAXES**

Did you do "year end" accounting before taxes were determined? (Y or N) \_\_\_\_\_ (Year-end Cost \$ \_\_\_\_\_ )

Beyond preparing the tax return, did you do "Tax Planning"? (Y or N) \_\_\_\_\_

Are you satisfied with the services provided by your tax accountant? (Y or N) \_\_\_\_\_

**INTERNET ACCESS**

How do you access the internet?

- DSL \ Cable \ T1 \ High speed
- Modem
- Don't know
- None

**SERVICE MOTIVATION**

Relating to services, what motivates you more?

- Speed, flexibility and completeness of services
- Lowest cost possible for services

Regarding new technology and services, which do you consider yourself to be?

- Innovator/Early Adopter (Blackberry, scanners, e-mail, high-speed internet)
- Conservative/Traditional (Phone calls, fax machines, rarely use e-mail)
- Somewhere in-between

**PLEASE FAX BACK TO... 1-800-371-1943  
ATTENTION: Brian Peterson**

## OPTIONAL SECTION – CLIENT RESPONSIBILITY

### **ACCOUNTS RECEIVABLE**

1. \_\_\_\_\_ Number of active repeat customers
2. \_\_\_\_\_ Number of invoices per month
3. \_\_\_\_\_ Average number of line items per month
4. Is there a day you most often issue invoices? Y/N If Yes, which day? \_\_\_\_\_
5. Issue quotes:
  - Yes
  - No
6. Print shipping documents:
  - Yes
  - No
7. \_\_\_\_\_ Number of checks received monthly
8. \_\_\_\_\_ Number of returns/credit memos issued per month

### **PURCHASE ORDERS:**

1. \_\_\_\_\_ Number of Purchase Orders issued per month
2. \_\_\_\_\_ On average, number of line items per Purchase Order

### **INVENTORY**

1. \_\_\_\_\_ Total number of inventory items.
2. Process or combine inventory into a value-added finished item:
  - Yes
  - No
3. \_\_\_\_\_ Frequency of cycle counts
4. Inventory Valuation method:
  - FIFO
  - LIFO
  - Average Cost