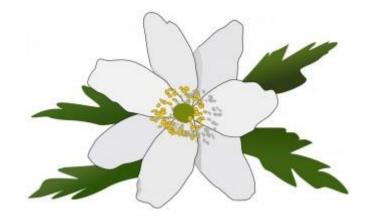
Bookkeeping Assessment							
Full Name	Company/Organization						
Phone Numbers	Email Addresses						
Work:							
Business Information							
Your Current Bookkeeping Situation							
Current Status: New Company	Up to date Behind						
If Behind, by how far? 1-3 Months	4-6 Months 7-12 Months						
1 Year 2 Years	3 Years 4+ Years						
<b>Current or Last Bookkeeping Method</b>	Used: None Myself						
Part-time Bookkeeper Full-time B	Bookkeeper CPA						
Outsourced Accounting Service Other							
Current Accounting Software:   None   Excel							
QuickBooks Pro Sage 50 Premium Other							
Current Payroll Software:         None ADP Ceridian           Manual         Other							

Monthly Activity For Your Business						
Number of Bank Accounts	Number of Credit Cards					
Average No. of Bank Deposits	Average No. of Credit Card Purchases					
Average Number of Sales Invoices	Average Number of Cheques/Debits					
Average No. of Expense Reports	Staff on Payroll (if required)					
Average No. of Accounts Payable Invoice	Average No. of Accounts Payable Invoices					
Taxes & Remittances						
GST/HST: None Monthly Quarterly Yearly						
WSIB: Yes No If yes, Quarterly? Other (Specify)						
Payroll Remittance: Yes No Other: (Specify)						
Do You Require Financial Reports?						
<b>Accounts Payable Reports:</b>	Accounts Receivable Reports:					
None Monthly	None Monthly					
Quarterly Yearly	Quarterly Yearly					
Financial Reports: Profit & Loss/Balance Sheet						
None Monthly Quarterly Yearly						

Do you need Payroll Services?						
Yes No						
How often is your payroll?						
Weekly	Biweekly	Monthly	Other			

Other Details						
Comme	<u>nts</u>					



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