

Bookkeeping Assessment

Full Name

Company/Organization

Phone Numbers

Work: _____

Cell: _____

Email Addresses

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 ____

Current or Last Bookkeeping Method Used: None ____ Myself ____

Part-time Bookkeeper ____ Full-time 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 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?

Accounts Payable Reports:

None ____ Monthly ____

Quarterly ____ Yearly ____

Accounts Receivable Reports:

None ____ Monthly ____

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

Comments



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