

**BOOKKEEPING QUESTIONAIRE FORM**

**(please complete form and submit to:** **info@grant-bc.com****)**

**Company Name: Click or tap here to enter text.**

**Contact Name/Position with Company: Click or tap here to enter text.**

**Contact Email: Click or tap here to enter email address**

**Contact Phone: Click or tap here to enter phone number**

**Best Method of Contact: Phone or Email Best Time to Contact: Click or tap here to enter time**

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| **SERVICE QUESTIONS *(if quantity not available, please estimate)*** |
| **Number of states in which the Company is operating**  | Click or tap here to enter quantity |
| **Number of Bank Statements** | Click or tap here to enter quantity |
| **Number of Credit Card Statements** | Click or tap here to enter quantity |
| **Number of Credit Cards Issued** | Click or tap here to enter quantity |
| **Number of credits each month (i.e. credit card payments, check payments, cash payments etc)** | Click or tap here to enter quantity |
| **Accounts Payable: Number of debits each month (payroll checks, vendor payments, credit card charges, debit card payments etc)** | Click or tap here to enter quantity |
| **Accounts Receivable: Number of customer statements issued monthly** | Click or tap here to enter quantity |
| **Sales Tax Returns: Provide the number of returns filed annually** | Click or tap here to enter quantity |
| **Accounting Software** | Click or tap here to enter text. |
| **Payroll Provider**  | Click or tap here to enter text |
|  |  |
| **STANDARD REPORTS** |
| **Balance Sheet** **Profit and Loss Statement** **Bank Reconciliation Report****Accounts Receivable Report****Note: Custom Reports are available and are priced separately** |