



Certified Public Accountants

CLIENT NEEDS ASSESSMENT

CONTACT INFORMATION

NAME: _____

BUSINESS NAME (IF KNOWN): _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

WHAT IS YOUR PREFERRED METHOD OF COMMUNICATION? PHONE CALL EMAIL TEXT MESSAGE

ABOUT YOUR BUSINESS

1. PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR BUSINESS.

2. DESCRIBE THE TYPE OF CUSTOMER OR BUSINESS THAT WILL USE YOUR PRODUCTS OR SERVICES.

3. HOW WILL CUSTOMERS USE/ENGAGE WITH YOUR SERVICES?

- ONLINE IN-STORE THROUGH A RESELLER DIRECTLY WITH ME, AS SERVICE PROVIDER OTHER

4. WHERE WILL YOUR BUSINESS BE LOCATED?

5. WHAT LEGAL STRUCTURE HAVE YOU CHOSEN FOR THE BUSINESS (if any?)

- Sole Proprietorship Partnership LLC S-Corporation Corporation Not sure yet

6. WHO WILL BE THE OWNER(S) OF YOUR COMPANY?

7. DO YOU HAVE A BUSINESS PLAN? YES SOMEWHAT NOT YET

8. DO YOU HAVE CURRENT INCOME YES NO if yes, estimated volume _____

ABOUT OUR RELATIONSHIP

1. HOW DID YOU HEAR ABOUT VSH?

- WEBSITE REFERRAL (NAME: _____) SEMINAR

2. ARE THERE ANY KEY TOP OF MIND ISSUES FOR YOU AS RELATES TO YOUR ACCOUNTING SYSTEMS OR OTHER OPERATIONAL ISSUES?

3. HAVE YOU OUTSOURCED PROFESSIONAL SERVICES BEFORE? YES NO

4. WHAT ARE YOU LOOKING FOR IN A SUCCESSFUL ADVISORY RELATIONSHIP?

5. ON A SCALE OF 1-5, HOW HEALTHY DO YOU THINK YOUR BOOKS ARE? _____

Confidentiality of Information Provided: All information shared will be held in strictest confidence by the VSH CPA team.