



JSL ACCOUNTANTS, LLC

Business Name _____ Date: _____

How did you arrive at the name of your business? _____

Are you a corporation, proprietorship, partnership, LLC? _____

How long have you been in business? _____

What type of person/company uses your product/service the most? _____

Do you have a lot of return business? _____

What makes you customers want to come back? _____

How many employees do you have? _____

What are your one and three goals? _____

Who does your accounting? _____

What is working well for right now? _____

What would you change about your current accountant's services? _____

What's most important about the accountant you select? _____

What would it take to make you feel taken care of by the accountant you select? _____

Have you ever paid late fees or penalties? _____

What about pick up and delivery services? _____