New Client Checklist

Charles J Arcoria DDS MBA EA LLC

Client Business Name: _____

Date: _____

Business Activities

☐ Description of business type and activity: _____

_____

_____

☐ Most common types of services offered: _____

_____

Engagement

☐ Signed and Dated Contract Form Received

☐ Disengagement Letter Sent to Prior Firm (if applicable)

☐ Receive Deposit for Quarterly or Cleanup Services

☐ Payment for Bookkeeping services will be made by: ☐ Check   ☐ Cash   ☐ Credit Card

Communication Methods

☐ Client Telephone or Text Number _____

☐ Client e-mail address _____

☐ Hours that Client will accept communications by text or e-mail _____

Software

☐ Add Client to Internal QuickBooks Desktop with pertinent info (name, address, etc.)

☐ Accounting: Set-up QuickBooks Desktop account for client on firm's system

☐ Payroll: Advise client regarding vendors, if applicable

Business Entity

☐ Entity Formation Documents, if applicable

      Sole Proprietorship: DBA Registration, if applicable

      LLC: Articles of Organization & Operating Agreement

☐ EIN Letter (IRS CP 575 G)

☐ List of Owner(s) and Ownership Percentages _____

Initial Bookkeeping Preparation

☐ Print Client Chart of Accounts

☐ Print Client's Accounts Receivables customers

☐ Print Client's Accounts Payables vendors

☐ 1099 Vendor Listing printed, if applicable

☐ Provide Prior Year 1096 and 1099s, if applicable

☐ Printed Credit Card Statement(s) for the past 2 months (card number redacted)

☐ Liability Information (Mortgages, Loans, Lines of Credit), if applicable

Payroll, if applicable

☐ Employee Listing with addresses, salary and wage info, withholding rates, reimbursement and benefit deduction info, sick and vacation pay details, direct deposit details, and employee start date (do not include employee SSN).

☐ YTD Payroll Information (Summary & Detail)

☐ State Unemployment Account Number and Rates

Tax

☐ Prior Year Schedule C Form Tax Return only

☐ Accounting Method for business: ☐ Cash   ☐ Accrual

☐ Fixed Assets and Depreciation Listing

☐ Name and contact information of Tax Preparer: _____

Client Signature _____

Date: _____

Scan and e-mail this completed document to: charlesarcoria@protonmail.com