



# W. L. BENJAMIN

*Public Accountant & Tax Consultant*

735 BLUE HILLS AVENUE  
BLOOMFIELD, CONNECTICUT 06002  
(860) 242-0378 FAX (860) 242-6383 • E-Mail [wlbctfs@snet.net](mailto:wlbctfs@snet.net)

## CLIENT CHECKLIST

### PERSONAL INFORMATION

NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ FAX: \_\_\_\_\_

### PERSONAL ADDRESS

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

### BUSINESS INFORMATION

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### INDUSTRY

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> CONTRACTOR | <input type="checkbox"/> MANUFACTURING       |
| <input type="checkbox"/> NON-PROFIT | <input type="checkbox"/> PROPERTY MANAGEMENT |
| <input type="checkbox"/> RETAIL     | <input type="checkbox"/> REAL ESTATE         |
| <input type="checkbox"/> SALES      | <input type="checkbox"/> SERVICE             |
| <input type="checkbox"/> WHOLESALE  | <input type="checkbox"/> OTHER SPECIFY _____ |

### DOCUMENTATION REQUIRED

- |  |   |
|--|---|
| <input type="checkbox"/> BANK STATEMENTS FOR ALL ACCOUNTS - SAVINGS / CHECKING/ CREDIT CARDS     |   |
| <input type="checkbox"/> CLEARED CHEQUES   | <input type="checkbox"/> CHECK REGISTER           |
| <input type="checkbox"/> DEPOSIT SLIPS   | <input type="checkbox"/> CASH & CREDIT RECEIPTS   |
| <input type="checkbox"/> INVOICES  | <input type="checkbox"/> PROPERTY TAX LIABILITIES |
| <input type="checkbox"/> SALES TAX LIABILITIES & TAX LIABILITIES (I.E. PAID AND OUTSTANDING)     |   |
| <input type="checkbox"/> EMPLOYEE PAYROLL REGISTER & SUPPORTING SCHEDULES & PAYROLL TAX PAYMENTS |   |
| <input type="checkbox"/> AGREEMENTS (E.G. LOANS, LEASE EQUIPMENTS & CONTRACTS)                   |   |



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## CLIENT CHECKLIST CONT'D

### ADDITIONAL INFORMATION

Do you invoice customers? Basis: Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_

Do you send statements to customers? Basis: Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_

Do you charge late fees? How much? \_\_\_\_\_

### SERVICES INTERESTED IN OBTAINING

SALES & USED TAX

PAYROLL GENERAL & TAX

DATA ENTRY

SET-UP COMPANY

BOOKKEEPING

QUICKBOOKS TRAINING / MAINTENANCE

### SERVICE REQUIREMENTS

DATE SERVICE COMMENCES: MM \_\_\_\_ DD \_\_\_\_ YEAR \_\_\_\_

PRINT NAME OF AUTHORIZED PERSONNEL: \_\_\_\_\_

PRINT TITLE OF PERSONNEL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

### OFFICE NOTES

DATE RECEIVED: \_\_\_\_\_

INITIAL OF RECEIVING OFFICER: \_\_\_\_\_