

## BUSINESS EVALUATION



# THE BUSINESS EVALUATION REPORT

Our Business Evaluation Report is designed to provide us with the key information about your business needs as they relate to the financial aspects of your business. We will utilize this information to determine the level of service you require, provide a basis for initial recommendations and/or consultations and finally, to draft a proposal for services. This information is completely confidential and will not be shared with any individual or firm (unless expressly authorized by you) and will only be utilized for the purposes stated above.

The report is organized into three sections-General, Operations and Action. Please fill out each section to the best of your ability. If there is anything your not sure of or simply don't know you can leave it blank. A representative will review the information with you and will assist you in completing it. If you have any questions that need immediate attention feel free to contact us or visit our web site. We look forward to working with you.

**PLEASE FAX TO 516.908.7700 OR E-MAIL TO  
JRDCPA@PROBOOKKEEPERS.COM**

## GENERAL INFORMATION

Business name: \_\_\_\_\_ Owners name: \_\_\_\_\_

Web site: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Entity type: S Corp\_\_\_ C Corp\_\_\_ LLP\_\_\_ LLC\_\_\_ Partnership\_\_\_ Other\_\_\_\_\_

Date organized \_\_\_/\_\_\_/\_\_\_ In the State of \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Payroll frequency: \_\_\_\_\_

Annual Revenue:\$\_\_\_\_\_ Main source of revenue\_\_\_\_\_

Do you have workers compensation? YES\_\_\_ NO\_\_\_ Disability YES\_\_\_ NO\_\_\_

What is the anniversary date? \_\_\_/\_\_\_/\_\_\_

When was the last time your insurance policies were reviewed?

Bookkeeping system: QuickBooks: \_\_\_ Manual:\_\_\_ Other: \_\_\_

Your books are up to date through: \_\_\_/\_\_\_/\_\_\_

Does your business require long-term or short-term financing? YES\_\_\_ NO\_\_\_

If yes, amount needed \$\_\_\_\_\_

## BUSINESS OPERATIONS

### A. BOOKKEEPING

Who enters your original transactions? \_\_\_\_\_

How many bank accounts does your business use? \_\_\_\_\_ How often are they reconciled? \_\_\_\_\_

Do you have a current and accurate accounts receivable aging report? YES \_\_\_ NO \_\_\_

How many credit cards does your business use? \_\_\_

Do you record detailed credit card transactions? YES \_\_\_ NO \_\_\_

Do you record bills when they are received \_\_\_ or when they are paid \_\_\_

Do you have a current and accurate accounts payable aging report? YES \_\_\_ NO \_\_\_

Approximately how many checks do you write per month? \_\_\_ approx. how many deposits? \_\_\_\_\_

Approximately how many active vendors do you have? \_\_\_\_\_

Approximately how many active customers do you have? \_\_\_\_\_

---

### B. PAYROLL

Do you use a payroll service? YES \_\_\_ NO \_\_\_ Service name \_\_\_\_\_

Does each employee have a separate file? YES \_\_\_ NO \_\_\_

Do you track sick, vacation and other accrued time? YES \_\_\_ NO \_\_\_

Do you pay your taxes electronically? yes \_\_\_ no \_\_\_

---

### C. ORIGINAL DOCUMENT FILE SYSTEM

Do you have an efficiently organized document management system? YES \_\_\_ NO \_\_\_

Who maintains your file system? Owner \_\_\_ Bookkeeper \_\_\_ Other Employee \_\_\_

How are your files organized? Date \_\_\_ Vendor \_\_\_ Alpha \_\_\_ Other \_\_\_

How long do you keep original docs? \_\_\_\_\_

Do you have a back up system in case you lose original documents? Yes \_\_\_ No \_\_\_

**BRIEFLY DESCRIBE YOUR BUSINESS AND HOW YOU GENERATE REVENUE:**

**WHO ARE THE KEY PEOPLE IN YOUR BUSINESS AND WHAT THEIR DUTIES ARE:**

**BUSINESS PLAN OF ACTION**

**Briefly describe your current business objectives. Include your most pressing needs as they relate to the financial aspect of your business:**

**Please tell us if there are any specific ideas you may have about how we may be able to help you:**

Based upon the information you have provided and/or our consultation we recommend the following actions be taken:

Item	Assigned to	Description	Due by:
1:			
2:			
3:			
4:			
5:			
6:			
7:			
8:			
9:			
10:			



DOCUMENT CONTROL SHEET  
**BANKING**

**FIRST ACCOUNT:**

ACCOUNT NAME \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

FROM: (MO/YR) \_\_\_\_\_ TO \_\_\_\_\_ TOTAL # PAGES \_\_\_\_\_

MISSING STATEMENTS: \_\_\_\_\_

CANCELED CHECK WITH STATEMENT: YES \_\_\_\_\_ NO \_\_\_\_\_

CHECK STUBS # \_\_\_\_\_ TO # \_\_\_\_\_ DATE \_\_\_\_\_ TO \_\_\_\_\_

---

**SECOND ACCOUNT:**

ACCOUNT NAME \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

FROM: (MO/YR) \_\_\_\_\_ TO \_\_\_\_\_ TOTAL # PAGES \_\_\_\_\_

MISSING STATEMENTS: \_\_\_\_\_

CANCELED CHECK WITH STATEMENT: YES \_\_\_\_\_ NO \_\_\_\_\_

CHECK STUBS # \_\_\_\_\_ TO # \_\_\_\_\_ DATE \_\_\_\_\_ TO \_\_\_\_\_

---

**THIRD ACCOUNT:**

ACCOUNT NAME \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

FROM: (MO/YR) \_\_\_\_\_ TO \_\_\_\_\_ TOTAL # PAGES \_\_\_\_\_

MISSING STATEMENTS: \_\_\_\_\_

CANCELED CHECK WITH STATEMENT: YES \_\_\_\_\_ NO \_\_\_\_\_

CHECK STUBS # \_\_\_\_\_ TO # \_\_\_\_\_ DATE \_\_\_\_\_ TO \_\_\_\_\_

DOCUMENT CONTROL SHEET  
CREDIT CARDS

FIRST ACCOUNT: M/C \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_ OTHER \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

FROM: (MO/YR) \_\_\_\_\_ TO \_\_\_\_\_ TOTAL # PAGES \_\_\_\_\_

MISSING STATEMENTS: \_\_\_\_\_

---

SECOND ACCOUNT: M/C \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_ OTHER \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

FROM: (MO/YR) \_\_\_\_\_ TO \_\_\_\_\_ TOTAL # PAGES \_\_\_\_\_

MISSING STATEMENTS: \_\_\_\_\_

---

THIRD ACCOUNT: M/C \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_ OTHER \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

FROM: (MO/YR) \_\_\_\_\_ TO \_\_\_\_\_ TOTAL # PAGES \_\_\_\_\_

MISSING STATEMENTS: \_\_\_\_\_

FORTH ACCOUNT: M/C \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_ OTHER \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

FROM: (MO/YR) \_\_\_\_\_ TO \_\_\_\_\_ TOTAL # PAGES \_\_\_\_\_

MISSING STATEMENTS: \_\_\_\_\_

**DOCUMENT CONTROL SHEET**  
**PAYROLL**

**TAX FORMS NEEDED**

PAYROLL TAX RETURNS:	QTR DATE ENDED					
FORM 941 (LAST 6 QTRS)						
NYS 45 (LAST 6 QTRS)						

FORM 940 (LAST FILED)	
W3 (LAST FILED)	
W2S (LAST FILED)	

**PAYROLL INFORMATION NEEDED**

	QTR DATE ENDED					
PAYROLL REGISTERS:						
PAYROLL SUMMARIES						
EMPLOYEE REGISTERS						

**EMPLOYEE INFORMATION NEEDED**

EMPLOYEE NAME \_\_\_\_\_ W-4 COPY: YES ( ) NO ( )

EMPLOYEE NAME \_\_\_\_\_ W-4 COPY: YES ( ) NO ( )

EMPLOYEE NAME \_\_\_\_\_ W-4 COPY: YES ( ) NO ( )

EMPLOYEE NAME \_\_\_\_\_ W-4 COPY: YES ( ) NO ( )

EMPLOYEE NAME \_\_\_\_\_ W-4 COPY: YES ( ) NO ( )

EMPLOYEE NAME \_\_\_\_\_ W-4 COPY: YES ( ) NO ( )

**EMPLOYEE INFORMATION NEEDED (CONTINUATION SHEET)**

EMPLOYEE NAME \_\_\_\_\_ W-4 COPY: YES ( ) NO ( )

---

EMPLOYEE NAME \_\_\_\_\_ W-4 COPY: YES ( ) NO ( )

---

EMPLOYEE NAME \_\_\_\_\_ W-4 COPY: YES ( ) NO ( )

---

EMPLOYEE NAME \_\_\_\_\_ W-4 COPY: YES ( ) NO ( )

---

EMPLOYEE NAME \_\_\_\_\_ W-4 COPY: YES ( ) NO ( )

---

EMPLOYEE NAME \_\_\_\_\_ W-4 COPY: YES ( ) NO ( )

---

EMPLOYEE NAME \_\_\_\_\_ W-4 COPY: YES ( ) NO ( )

---

EMPLOYEE NAME \_\_\_\_\_ W-4 COPY: YES ( ) NO ( )

---

EMPLOYEE NAME \_\_\_\_\_ W-4 COPY: YES ( ) NO ( )

---

EMPLOYEE NAME \_\_\_\_\_ W-4 COPY: YES ( ) NO ( )

---

EMPLOYEE NAME \_\_\_\_\_ W-4 COPY: YES ( ) NO ( )

---

EMPLOYEE NAME \_\_\_\_\_ W-4 COPY: YES ( ) NO ( )

---

EMPLOYEE NAME \_\_\_\_\_ W-4 COPY: YES ( ) NO ( )

---

EMPLOYEE NAME \_\_\_\_\_ W-4 COPY: YES ( ) NO ( )

---

## MISSING DOCUMENT FORM

Client name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**CATEGORY:** \_\_\_\_\_

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

**ENTITY:** \_\_\_\_\_

**TYPE:** \_\_\_\_\_

**DATE(S):** \_\_\_\_\_

**CATEGORY:** \_\_\_\_\_

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

**ENTITY:** \_\_\_\_\_

**TYPE:** \_\_\_\_\_

**DATE(S):** \_\_\_\_\_