

Tony Novak CPA, MBA, MT 183 Bayview Road Newport NJ 08345 onlineadviser@live.com (856) 314-5625

Client Name:	Company:	
Address:	Phone	
Address 2:		
City:	State:	Zip Code:
Business Information		
Date your business began operations?		
State where are you legally organized?		
State(s) where you operate?		
Your EIN number:		
State entity number:		
If you have more than one business, please descr		
Are you a government certified business?	If so, in what State(s)?	
What certifications do you currently hold?		_
What state(s) will you need to file income or sales	s taxes?	
		Personal Taxes?
How is your business legally organized?		
O Sole Proprietorship		
O Partnership		
O LLC/LLP/PLLC/SPC		
O S Corporation		
O C Corporation		
O Not-for-Profit, if so, what type?		
O Other		
Have you filed Articles of Incorporation with you	ur State?	
O Yes		
O No		
How many employees do you have?		
O None – just myself and I am not considered a	an emplovee	
O < 10	L -/	
O 10 - 49		
O 50 - 99		
O 100 - 499		
O 500 +		

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What is your organization's primary business activity (Select one only please)	
O Construction O Manufacturing and Process Industries (Non-computer)	
Manufacturing and Process Industries (Non-computer)Online Retailer	
O Internet Service Provider (ISP) or Application Service Provider (ASP)	
O Aerospace O Ronking/Finance/Accounting	
O Banking/Finance/Accounting O Insurance/Real Estate/Legal	
O Federal Government (including military) O State / Local Covernment	
O State/Local Government O Medical/Dental/Healthcome	
O Medical/Dental/Healthcare O Transportation/Utilities	
O Transportation/Utilities O Construction / Ambitostum / Engineering	
O Construction/Architecture/EngineeringO Data Processing Services	
O Wholesale/Retail/Distribution of Physical Products	
Education	
O Marketing/Advertising/Entertainment	
O Research/Development Lab O Business Services/Consultant	
O Computer Manufacturer (Hardware, software, peripherals)	
O Computer/Network Services/Consultant	
O Computer Related Retailer/Wholesaler/Distributor	
O Other (List)	
Other (List)	
What was your organization's total gross revenue last year?	
O We were not in business last year	
O < \$30,000	
3 \$30,000 - \$99,999	
3 \$100,000 - \$299,999	
3 \$300,000 - \$499,999	
O \$500,000 - \$1,999,999	
9 \$2,000,000 - \$5,000,000	
Over \$5,000,000	
Please share the top two opportunities and/or challenges your company is facing right	at now
	10 110 W
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Ta	xes:
Wl	nat tax returns did you file last year?
O	Federal tax return
	a) Date filed
	b) Form Filed
O	State tax return (List State(s))
	a) Date filed
	b) Form Filed
0	Quarterly Department of Revenue Excise Tax Forms a) Quarter(s) filed
O	County Business Personal Property Returns (list County)
Wl	nat tax returns will you need to file this year?
O	Federal and tax returns the same as last year
0	We will need to file differently due to business or personal changes during the year (please list)
Sta	tus of tax filings
	I/we are current on all tax filings and payments
	I/we are current on all tax filings but behind on payments
	I/we are behind on tax filings as well as payments
	I/we have not made any tax filings or payments
If 1	ax payments are owed, are you on an approved Installment Agreement repayment schedule?
	Yes
O	No
0	Not applicable
	e anticipate changes next year - which may impact our tax returns and wish to discuss the tax implications of ose changes (Please list expected or considered changes)
_	



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Small Business Client Profile

Determining what the best bygings structure for my company would be
O Determining what the best business structure for my company would be
O Setting up my business structure and getting up and running
O Accounting or Payroll
O Taxes
O IRS Audit Support
O Budgeting
O Strategic Planning
O Pensions
O Joint Venture opportunities
O Reviews of your systems and processes for audit or contract compliance
O Other (List)
How will you address your financial recordkeeping and preparation of the reports?
O I will handle these efforts myself
O I have a team member who will be in charge of our accounting records
O I have an external bookkeeper/CPA who is doing the accounting work
O This work still needs to be addressed
This work sun needs to be addressed
What type of accounting program/software are you using now?
We are keeping records manually or on an Excel spreadsheet
QuickBooks, Mint, Zoho, Freshbooks or similar
O DelTek, SAP or other enterprise software
O This work still needs to be addressed
This work still needs to be addressed
Choosing your financial professional is very personal – it's like choosing your doctor. What
criteria is most important for you in this important relationship?
Each client / business has unique circumstances within their industry, region or personal life that may
impact their goals and objectives. Are there any other items you wish to include?

The next 3 pages are dedicated to Stategic Planning, Goals and Expectations.



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Strategic Planning (Please list your top three goals over the next 1 to 5 years)
Describe your goal in as specific language as possible
Goal 1 (Give a Title)
Description of Goal
Motivation for pursuing this goal
Expected Outcome
Timeline to Achieve
Describe your goal in as specific language as possible
Goal 2 (Give a Title)
Description of Goal
Motivation for pursuing this goal
Expected Outcome
Timeline to Achieve
Describe your goal in as specific language as possible Goal 3 (Give a Title) Description of Goal Motivation for pursuing this goal Expected Outcome Timeline to Achieve
Describe your goal in as specific language as possible
Goal 4 (Give a Title)
Description of Goal
Motivation for pursuing this goal
Expected Outcome
Timeline to Achieve
Life / Goal Planning
What are your top three goals 5, 10 or even 20 years from now?
Goal 1:
Goal 2:
Goal 3:

Action in Progress



Key Action #1

Key Action #2

In – Person and work through items together
 Uploaded to a secure cloud server (the default)

O Video, chat, and work through items together

O Email with follow up phone call

O Email only

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Action Needed

Action Taken

Goal directed effort toward key Actions needed to achieve your goals. Each Key Action should be listed in only one column, depending on the status of the action. As you input effort towards your goals, reallocate the Key Action to the appropriate column.

:			
Key Action #3			
Key Action #4			
Key Action #5			
How else can we connect? Please enter your username of	r URL		
Google+			
Skype			
FaceTime			
LinkedIn			
Facebook			
Twitter			
Instagram			
Our First Meeting Date://	Meeting Time:	a.m. / p	.m.
Meeting Location:	Length:		
Guidelines that will help us work well together (time of	day, day of week, with	or without other n	nembers, etc):

How do you prefer to communicate regarding your financial and accounting information?

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Small Business Client Profile

Logistics

How often shall we meet?	O Weekly	O Monthly	O Quarterly
Where shall we meet?	O Virtual Meeting	O Client Office	O Off-site (TBA)
How much time shall we make available for each meeting?	O 30 minutes	O 1 hour	O Half-day
How do we address cancelled meetings?	O Phone	O Email	O Calendar invitations
If we miss a meeting, how soon do we reschedule?	O Within 1 week	O Whenever convenient	O Skip it
Meeting between scheduled times:	O Yes, need Concierge Service	O Only in Emergencies	O None
How often do you want to document actions and progress?	O Weekly	O Monthly	O Quarterly
How best do you bring closure to professional relationships?	O You	O CPA	O Mutual Agreement
Who will initiate contact?	O You	O CPA	O Both
Typically, your timeliness is:	O Always on time	O Occasionally late	O Often late

Thank you for taking the time to complete your profile. This information will help us help you strengthen your financial foundation. Please reach out if you have questions. We look forward to working with you in growing your business.

Sign & Date (Client)

Sign & Date (CPA)