



**Note: Save this form, complete the information, and email the completed form as an attachment to [newclient@map-cpas.com](mailto:newclient@map-cpas.com)**

**NEW CLIENT APPLICATION**

**PRELIMINARY INFORMATION**

Company Name: \_\_\_\_\_

Principal of business name and title: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Secondary contact name and title \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DUNS#: \_\_\_\_\_ Website: \_\_\_\_\_

Who referred you, or how did you hear of Mangold Anker Phillips? \_\_\_\_\_

What objectives do you want to accomplish in the initial interview appointment?  
\_\_\_\_\_  
\_\_\_\_\_

What long-term objectives do you want to achieve in working with Mangold Anker Phillips?  
\_\_\_\_\_  
\_\_\_\_\_

What is your preferred method of communication (telephone/email/meet in person/mailings)? \_\_\_\_\_  
\_\_\_\_\_

**OTHER ADVISORS**

Attorney? \_\_\_\_\_ Firm: \_\_\_\_\_

Describe your will or other estate instruments? \_\_\_\_\_

Financial planner: \_\_\_\_\_ Firm: \_\_\_\_\_

Banker: \_\_\_\_\_ Bank: \_\_\_\_\_

Who are your most influential business advisors, and how often do you contact them for advice? \_\_\_\_\_  
\_\_\_\_\_



**GENERAL BUSINESS INFORMATION**

We extend most income tax returns. Are you OK with extending your return, if necessary? \_\_Yes, \_\_No

Date of Incorporation/Formation \_\_\_\_\_ State \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Form of Organization and tax classification

\_\_\_\_ C-Corporation \_\_\_\_ S-Corporation \_\_\_\_ Partnership \_\_\_\_ Sole Proprietorship

\_\_\_\_ Limited Liability Company and \_\_\_\_ Disregarded \_\_\_\_ Partnership \_\_\_\_ Corp \_\_\_\_ S Corp

Do you have a written business plan? \_\_\_\_\_

Do you have a written monthly, quarterly, or annual operating budget or forecast? \_\_\_\_\_ If so, describe what you prepare. \_\_\_\_\_

How is the business financed? \_\_\_\_\_

Annual Sales: \$\_\_\_\_\_ for the year ended \_\_\_\_\_.

Sales trend: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Industry: \_\_Professional \_\_Retail \_\_Wholesale \_\_Service \_\_Franchise \_\_Manufacturing \_\_Distributor

Other: \_\_\_\_\_

Does the company own any subsidiary organizations? \_\_\_\_\_

If yes, please explain relation of each: \_\_\_\_\_

Does any other company own an interest in this business? \_\_\_\_\_

If yes, please explain relationship: \_\_\_\_\_

What is your current pain, i.e. business problem? \_\_\_\_\_

How do you see Mangold Anker Phillips helping you address the challenges and opportunities? \_\_\_\_\_

What growth plans do you have? \_\_\_\_\_

Do you expect future capital needs or new financing? If so, why? \_\_\_\_\_

Are you concerned about any of your asset, liability, or income statement accounts to which we should pay particularly close attention? If so, please list. \_\_\_\_\_

Do you have a Retirement Plan? If so, what type (401K, pension plan, SEP, etc.)? \_\_\_\_\_

Who is the TPA? \_\_\_\_\_ Can we get a copy of the last 5500 filed? \_\_\_\_\_



**OWNERSHIP INFORMATION**

Shares/Units: Common \_\_\_\_\_ Preferred \_\_\_\_\_

Number of Shareholders/Partners/ Owners \_\_\_\_\_

Name	Active	Shares or %
_____	_____	_____
_____	_____	_____
_____	_____	_____

Buy/Sell Agreements in place? \_\_\_\_\_ Restrictions on Transfers? \_\_\_\_\_

**CURRENT ACCOUNTING / CONSULTING RELATIONSHIP**

Has the company ever had Financial Statements \_\_\_Compiled \_\_\_Reviewed \_\_\_Audited? If so, for what purpose (bank, investor, or internal)? \_\_\_\_\_

Basis of Accounting: Cash \_\_\_\_\_ Accrual \_\_\_\_\_ Tax Basis \_\_\_\_\_

Accounting and Bookkeeping Services: In House \_\_\_\_\_ Outside Independent \_\_\_\_\_

Name of Current Accountant \_\_\_\_\_

Name of Current Accounting Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Have you informed your current accountant that you are meeting with us? Yes \_\_\_\_, No \_\_\_\_, N/A \_\_\_\_

What DO you like about working with your current accountant? \_\_\_\_\_

What DON'T you like about working with your current Accountant? \_\_\_\_\_



**FINANCIAL INFORMATION**

Accounting System

Current accounting system, version and year: (Examples: QuickBooks Premier 2016, QuickBooks Online Plus, Sage 100 ERP) \_\_\_\_\_

Number of people who access the accounting system \_\_\_\_\_

How long have you used your current accounting system? \_\_\_\_\_

Is your accounting system doing everything you need? \_\_\_\_\_

List any integrated accounting systems, such as Micros POS, Fresh Books, Expensify, and Bill.com that you have. \_\_\_\_\_

What percentages of projects, if any, take longer than 30 days to complete? \_\_\_\_\_

Who is in charge of paying bills? \_\_\_\_\_

Who is in charge of reconciling the bank account? \_\_\_\_\_

Who is in charge of the general ledger / other bookkeeping? \_\_\_\_\_

Who is in charge of making deposits? \_\_\_\_\_

Who is in charge of tracing customer accounts / billing? \_\_\_\_\_

Do you prepare your own payroll? If so, what software program or payroll company do you use? \_\_\_\_\_

Accounts

Number of bank accounts \_\_\_\_\_ credit card accounts \_\_\_\_\_ lines of credit \_\_\_\_\_ other loans \_\_\_\_\_

Total number of transactions per month in all bank and credit card accounts combined (Less than 30, 30-59, 60-89, 90-119, 120-499, 500+) \_\_\_\_\_

Do you receive customer payments through credit cards, Pay Pal, or any other third-party system? \_\_\_\_\_

**Please provide us with: the last 3 years of federal and state tax returns, written Operating Agreement, Partnership Agreement, Articles of Incorporation, and any Texas Franchise, IRS, or other state notices.**