**Questionnaire**

**Client Information:**

1. Company Name:

2. Contact Person:

3. Contact Email:

4. Contact Phone Number:

5. Business Type: (e.g., LLC, Sole Proprietorship, Partnership)

6. Business Industry/Field:

**Accounting Services and Requirements:**

7. Date of Company Establishment:

8. Existing Accounting Process or System: (Yes/No)

 - If yes, please provide a brief overview:

9. Number of Average Monthly Transactions: (deposits, withdrawals, transfers, expenses, sales)

10. Current Accounting Software Usage: (Yes/No)

 - If yes, please specify the software:

11. Preferred Accounting Software: (Yes/No)

 - If yes, please provide reasons for your preference:

12. MIS Report Frequency: (Monthly/Quarterly)

13. Accounting Data Sharing Preference: (Physical/Online)

**Compliance Services:**

14. Audit Services Requirement: (Yes/No)

 - If yes, please provide specific details or requirements related to auditing:

15. VAT Services Requirement: (Yes/No)

 - If yes, please provide specific details or requirements related to VAT:

17. Taxation Advisory Services Requirement: (Yes/No)

 - If yes, please provide specific details or requirements related to taxation:

18. Company Formation and Legal Structuring Requirement: (Yes/No)

 - If yes, please provide specific details or requirements related to company formation and legal structuring:

19. Employee Benefits and Payroll Compliance Requirement: (Yes/No)

 - If yes, please provide specific details or requirements related to employee benefits and payroll:

Additional Comments or Requirements:

20. Additional Comments: (Please provide any specific requirements, preferences, or details)

For a comprehensive overview of our services, please visit our website: **(https://www.spectrumaccounts.com/)**

We greatly appreciate your responses, allowing us to tailor our corporate services precisely to your needs. A dedicated team member will contact you shortly to discuss the next steps.