

CLIENT QUESTIONNAIRE US LETTER TEMPLATE



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1. What type of returns did we prepare for you this year?

Personal <input type="checkbox"/>	Business <input type="checkbox"/>	Trust <input type="checkbox"/>	Other <input type="checkbox"/>
Firm 1 <input type="checkbox"/>	Firm 2 <input type="checkbox"/>	Firm 3 <input type="checkbox"/>	Firm 4 <input type="checkbox"/>

2. Which [Firm name] office prepared your return?

3. Please rate your satisfaction in the following areas on a scale of 1 to 5 (1 being least satisfied, 5 being most satisfied).

Visiting our office	1	2	3	4	5	n/a
Politeness and courtesy of professional and administrative staff		✓				
Promptness in greeting and meeting you		✓				
Technical skills and knowledge		✓				
Attention to your concerns and questions	✓					
Contacting our offices by phone	1	2	3	4	5	n/a
Politeness and courtesy of receptionist				✓		
Ability to reach the person you requested				✓		
Expediency in reaching the person you requested			✓			
Voice mail systems						✓
A prompt return call if the person was unavailable				✓		
Preparation of your tax return	1	2	3	4	5	n/a
Delivered when promised				✓		
General appearance of your tax return package				✓		
Technical quality of your tax return			✓			
Savings due to our assistance / planning						✓
Thoroughness and follow up on any unclear issues				✓		
Notification of tax legislation changes				✓		

For any item rated less than a "3", please explain your concerns with our service so that we may address them.

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4. Have you used [Firm name] for any of our other services besides tax return preparation in te past year? If so, please indicate.

<input type="checkbox"/> Tax Planning	<input type="checkbox"/> Accounting Software	<input type="checkbox"/> Compilation of Review Services	<input type="checkbox"/> Audit Services
<input type="checkbox"/> Business Valuation	<input type="checkbox"/> Litigation Support	<input type="checkbox"/> Personal Financial Planning	<input type="checkbox"/> Business Consulting
<input type="checkbox"/> Other			

5. Are there any other services you are interested in [Firm Name] offering to our clients? Please list.

6. Are you satisfied with your relationship with [Firm Name]?

Yes ☐ No ☐

7. Do you feel comfortable recommending the services of [Firm Name]?

Yes ☐ No ☐

8. What do you like most about [Firm Name]?

9. Please feel free to add any other comments or suggestions on how we can improve.

Thank you for taking the time to give us this important feedback.

Please return this survey in the enclosed postage paid envelope