



**MOORE'S**  
**ACCOUNTING FIRM**  
A SUBSIDIARY OF MMS ACCOUNTING FIRM, INC.

## **Moore's Accounting Firm New Client Questionnaire**

**Company Name:**

**Client Name:**

**Phone Number:**

**Type of Business:**

**County:**

**City:**

**Seller's Permit (If Applicable):**

**Business Established:**

**Employees:**

**Workers Comp (If Applicable):**

**Services Requested:**