

**5x5
Counsel program**

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Owner's Name: _____ Owner's Email _____

1. Are you a PA or NJ based/headquartered business? (Must be in order to qualify)

2. How many owners of record in your company? (Must be 10 or less to qualify)

3. Are you privately owned? (Must be privately owned to qualify)

4. How much were your revenues last year? (Must be between \$1M to \$100M to qualify)

5. How many employees do you have? (Must be less than 200 employees to qualify)

6. What industries are you in? (Must be included in one of these selections in order to qualify) – Check all that apply

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Services (Healthcare, Food Services)
<input type="checkbox"/> Distribution	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Professional service providers (physicians, law, marketing, engineering)	<input type="checkbox"/> Technology Companies (software developers, clean technologies)
<input type="checkbox"/> Automotive Dealership	

7. Check the areas of assistance needed:

<input type="checkbox"/> Taxes – Any Type	<input type="checkbox"/> Fraud in The Workplace	<input type="checkbox"/> Business Insurance
<input type="checkbox"/> Accounting concerns	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee Benefits
<input type="checkbox"/> Company Retirement Plans	<input type="checkbox"/> Estate Planning	<input type="checkbox"/> Employee Vs Independent Contractor

8. How would you say you maximize the use of your current accounting firm?

9. What the specific challenges do you have that you would like to address?

10. Tell us how specifically you expect this assistance to help you.