

POSTAGE
HERE

Protax

Protax Consulting Services Inc.
Tax Accountants and Consultants

Seven Penn Plaza, Suite 416
New York, New York 10001

Client **Survey**

YOUR SATISFACTION
IS OUR TOP PRIORITY.

Protax

Protax Consulting Services Inc.
Tax Accountants and Consultants

Seven Penn Plaza, Suite 416 • New York, New York 10001

Tel: (212) 714-9070 Fax: (212) 714-6654

E-mail: protax@protaxconsulting.com • www.protaxconsulting.com

Thank You in Advance!

You can count on us for friendly and professional service. Our staff is highly-trained to provide you with exceptional service throughout the year.

We value your feedback. It will help us respond to your needs effectively. We appreciate you taking the time to let us know how we are doing.

Name: _____

(Optional)

Excellent Good Avg. Poor

appointment scheduling

Availability of appointments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duration of appointment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of rescheduling/canceling appointments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall scheduling process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

business hours & location

Reception area (cleanliness & comfort)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demeanor of reception staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility of office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

professional services

Name of Professional: _____

Ease of completing Tax Organizer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness in meeting deadlines/proactive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy & quality of work/completeness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge & experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude & appearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response time (phone calls, e-mails, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding client needs & concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting deadlines & work completion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability to clients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical abilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

fees & billing procedures

Fee structure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing methods and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall value of services provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

other important questions

Overall quality of services? _____

What do you like best about the services we provide? _____

What do you like least about our services? _____

comments or suggestions

Referrals are the cornerstone of any service business. This firm relies on satisfied clients as the primary source of new business. Your referrals are both welcome and sincerely appreciated. Rest assured that your personal and financial affairs will not be shared with our other clients.

Would you recommend our services to others?

Yes No

If no, why not? _____

Approximately how many years have you been a client?

1-2 3-5 6-10 10+

things you'd like to add

