

Client Evaluation Survey:

You can count on us to provide friendly, professional, tax consulting and preparation services. Our staff is highly trained to provide you with first class service throughout the year.

To make sure you receive the very best service, we want to hear from you. The more feedback we receive from our clients, the better we'll be able to respond to your needs. We appreciate you taking the time to let us know how we are doing.

	<u>Level of Satisfaction</u>						
	Low		Avg.			High	
<u>Appointment Scheduling:</u>	1	2	3	4	5	6	7
Availability of a convenient appointment?	6.80						
Manner in which your appointment was scheduled?	6.80						
Courtesy when scheduling or changing an appointment?	6.95						
<u>Office & Business Hours:</u>							
Tax season office hours?	6.86						
Off season office hours?	6.81						
Comfort of the reception area?	6.89						

Parking facilities?	6.46						
<u>Office Staff:</u>							
Courtesy of the office staff?	6.94						
Manner in which phone calls are handled?	6.91						
<u>Your Tax Professional:</u>							
Amount of time allotted to your appointment?	6.91						
Ease of dealing with your tax professional?	6.89						
Understanding of your specific needs?	6.90						
Follow-up on items of concern to you?	6.86						
Were all of your questions answered satisfactorily?	6.91						
Technical ability of your tax professional?	6.91						
Availability during off season periods?	6.84						
Overall value of the professional services provided?	6.91						
Promptness of completing work?	6.95						
Promptness of returning phone							

calls?	6.88						
<u>Fees & Billing Procedures:</u>							
Value of services provided for the fee charged?	6.50						
Billing methods and procedures?	6.73						
Overall Quality of Services you Received?	6.91						

Other Important Questions:

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

What do you like least about our services? _____

Would you recommend our services to others?
 No Yes

If no, why not? _____

Please Complete the Following About Yourself:

Age of individual who completed the survey?
 Under 25 25-35 36-45 46-65 Over 65

Sex of individual who completed the survey?
 Female Male

Are you a first time client?
 No Yes