



# Intuit QuickBooks Enterprise Solutions

## *Implementation Needs Assessment*

*Thank you for your interest in our products and services!*

*The selection of the right business management solution and consulting partner will have a significant positive impact on your company's ability for successful continued growth. Our goal is to provide your company with a full-service approach to fulfilling your complete business management technology needs including initial planning and analysis, implementation, training and ongoing support.*

*Please fill out and return as much of this implementation needs assessment as you can with your project team. Instructions for returning this document via fax or email are provided below.*

*We will use the information you provide as the foundation for a personalized solution and implementation project plan. Included is a checklist of items to have ready for implementation and a place to list the names of the key members of your project team who will be involved with your company's Intuit QuickBooks Enterprise Solutions implementation.*

Prepared For:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Primary Contact Name & Title

\_\_\_\_\_  
Primary Contact Phone Number

\_\_\_\_\_  
Primary Contact Email Address

Prepared By:

AB GROUP

\_\_\_\_\_  
Intuit Solution Provider Company Name

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Primary Contact Fax Number

\_\_\_\_\_  
Date





## General Ledger

Who prepares your annual tax return?	
What is the name of the person who prepares your in-house financials?	
Do you have recurring lease or loan payments?	
How do you currently handle prior period or prior year entries?	
What monthly financial statements do you need?	
When is your fiscal year end?	
Do you have more than one company or profit center?	
If you have more than one company or profit center, do you run financial statements for each?	
If yes, are the statements:                      Separate <input type="checkbox"/> Combined <input type="checkbox"/> Both <input type="checkbox"/>	
If you have more than one company or profit center and currently do not run separate financial statements for each, could you benefit from doing so?	
Do you use an outside accountant or firm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How are your account numbers formatted?	Numeric <input type="checkbox"/> Alpha-numeric <input type="checkbox"/>
Number of General Ledger transactions per month?	
Additional Comments (please describe other critical needs for managing your General Ledger effectively)	

## Accounts Payable

What is the name of the person who is responsible for your accounts payable?			
How many active vendors do you have?			
How many checks do you write each month?			
Do you currently take advantage of vendor discounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, would you like to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What percentage of your vendors are subs?	%		
How many 1099s do you issue each year?			
Who prepares your 1099s?			
How do you decide which bills to pay?	Due by date <input type="checkbox"/>	Discount date <input type="checkbox"/>	Job <input type="checkbox"/>
	Vendor <input type="checkbox"/>	Squeaky wheel <input type="checkbox"/>	Other <input type="checkbox"/>
Does your current system allow for single entry job costing of job related invoices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does your company pay use tax on purchases?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you need to produce lien releases with vendor payments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you wish to electronically pay vendors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Invoicing Options</b>			
What is the name of the person who processes invoices for payment?			
How are the invoices prepared now?			
How much time is spent in preparing these invoices?			
Additional Comments (please describe other critical needs for managing your Accounts Payable effectively)			

## Accounts Receivable

For how many clients do you normally have jobs open at one time?	
Does your company collect sales tax on any invoices?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how and when do you collect sales tax?	
To whom do you report sales tax?	City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/>
How do you bill for <b>change orders</b> and extras?	
Do your clients usually pay their bills on time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you give discounts for early payment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you (or would you like to charge) finance charges on overdue bills?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What job cost reports would you like to get?	
Do you wish to process electronic payments from customers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to accept credit cards from customers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Comments (please describe other critical needs for managing your Accounts Receivable effectively)	

## Payroll

How is the payroll currently processed?	In-house <input type="checkbox"/> Outsourced <input type="checkbox"/>		
How frequently is payroll processed?	Weekly <input type="checkbox"/>	Bi-weekly <input type="checkbox"/>	Semi-monthly <input type="checkbox"/>
	Monthly <input type="checkbox"/>	Other <input type="checkbox"/>	
What is the name of the person who processes your payroll?			
What is the name of the person who prepares your payroll reports?			
What is the name of the person who prepares your W2s?			
How many employees do you have in each category?	Field	Office	Other
If payroll is outsourced, what is the cost per month?			
How many hours per day <input type="checkbox"/> week <input type="checkbox"/> are spent on payroll?			
When are paychecks due?			
When are pay rates changed?			
Do you job cost your payroll expenses?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you produce certified payroll reports now?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
How are these reports produced?			
How are the payroll taxes paid?			
Do you offer direct deposit?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you work in multiple states?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you offer employee benefits (insurance, 401K, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have union employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of unions _____	
Do you have hourly employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have piecework employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have local payroll taxes?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your current system allow you to minimize your workers' compensation premium by taking advantage of multiple workers' compensation categories per employee, per paycheck?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you wish to track vacation, sick and/or personal time?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

## Payroll (continued)

Do you to apply split-rates?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How is time recorded in the field?	
Do you have unique commission issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what are they?	
Additional Comments (please describe other critical needs for managing your Payroll effectively)	

## Job/Production Schedules

What is the name of the person who schedules your accounts receivable jobs?	
What is the average length of time for your jobs/product in days/hours?	
Do you need to produce job schedules for your clients?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How are they currently prepared?	
Do you need to document the variances from the original schedules?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Comments (please describe other critical needs for managing your Job/Production Schedules effectively)	

## Equipment Management

Do you own large pieces of equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How do you keep track of equipment used on various jobs?	
Do you need to be able to bill out equipment usage on your jobs as a billing line item?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you assign billing rates to your equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How do you arrive at cost and billing rates for equipment?	
Are these costs factored into your charge rate for the equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How are the depreciation schedules and entries prepared for equipment?	
Do you ever rent equipment out to other companies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Comments (please describe other critical needs for managing your Equipment effectively)	

## Inventory Management

Number of inventory items	
How many warehouse facilities will be automated?	
How do you value your inventory (Average, Last, Standard, FIFO, LIFO)?	
How accurate are your current inventory quantities on hand?	
How accurate are your current inventory costs?	
Do you wish to be able to drill down from an inventory item to open customer orders, open purchase orders, open manufacturing orders, bills of materials, available to promise, etc?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do wish to perform full physical counts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to perform cycle counts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to specify stocking levels?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to automatically create purchase orders for items that fall below stocking levels?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you utilize lot numbers or serial numbers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to use the system for FDA lot tracking?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish the system to assign serial numbers and/or lot numbers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to be able to trace serial numbers and/or lot numbers backwards and forwards from components through finished goods?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to be able to track expiration dates on serial numbers and/or lot numbers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to track warrantee periods on serial numbers and/or lot numbers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you use Return Material Authorizations for customer returns?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to hard allocate lots or serial numbers when customer orders are processed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you perform receiving inspections?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to incorporate freight and other costs into inventory – If so, what costs do you wish to burden inventory with?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to use multiple stocking locations (Bins) for items within a single warehouse?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to relieve inventory at the time of picking confirmation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to relieve inventory at the time of shipping confirmation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to track the movement of inventory using radio frequency (RF) technology?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Item Checklist to Help the Implementation Process

**NOTE: If you do not have all of these items available, don't worry. We can help you get started!**

<input type="checkbox"/>	Current chart of accounts	<input type="checkbox"/>	Accounts payable list
<input type="checkbox"/>	Trial balance	<input type="checkbox"/>	Outstanding purchase orders
<input type="checkbox"/>	List of current accounts receivable	<input type="checkbox"/>	Outstanding subcontracts
<input type="checkbox"/>	List of jobs in progress	<input type="checkbox"/>	Copy of worker's compensation insurance policy
<input type="checkbox"/>	List of amounts billed on jobs in progress, by job	<input type="checkbox"/>	List of workers' compensation codes
<input type="checkbox"/>	Current inventory list	<input type="checkbox"/>	Copy of general liability insurance policy
<input type="checkbox"/>	List of job costs by job and by cost code (if applicable)	<input type="checkbox"/>	List of clients (names, addresses, and telephone numbers)
<input type="checkbox"/>	List of vendors (names, addresses, and telephone numbers)	<input type="checkbox"/>	Employee list (names, addresses, telephone numbers, pay rate, exemptions, etc.)
<input type="checkbox"/>	Samples of any currently used reports, such as proposals, invoices, work orders, pick ticket/load sheet, job costing/Inventory examples, etc.	<input type="checkbox"/>	List of all payroll deductions, additions, and benefits (such as health insurance, child support, garnishments, 401k plans)
<input type="checkbox"/>	Most current federal, state and/or local tax filing, including payroll tax authority and tax rates	<input type="checkbox"/>	Depreciation Schedule
<input type="checkbox"/>	Current balance sheet	<input type="checkbox"/>	Current Profit & Loss statement