

Accountant's Certificate

Name:

Home / Business Address:

Business Name:

Year End ▶	MM	YYYY	This year Projection	MM	YYYY	Previous Year	MM	YYYY	Previous Year	MM	YYYY	Previous Year
Annual Turnover	£			£			£			£		
Net profit	£			£			£			£		
Drawings / Dividends	£			£			£			£		
Directors Salary	£			£			£			£		

When is your client's year end? DD MM YYYY

What is the nature of your client's business?

Has your client traded continuously over the last 12 months?

Yes No

How long has your client been trading?

Years Months

How long have you acted for your client?

Years Months

Does your client receive income from any other source?

Yes No

If 'Yes' please state source:

Please advise of the following:

National Insurance number: Tax Office & Reference Number:

Business Details:

Sole Trader Ltd Company Partnership

Position in business (e.g. employee, director)

Shareholding

%

Please comment, in your opinion, on the state of the business and /or any other relevant information.

Signature:

Your Company Stamp:

Print Name:

Qualifications:

Date: