**QUESTIONNAIRE**

# for evaluation of volume and complexity of audit

# of the financial statements for 2019.

GENERAL INFORMATION

* Company name:
* Registered seat:
* Main activity (please describe):
* VAT no.: ID no.:
* Company size: (1) large (2) medium (3) small (4) micro



* Legal form: (1) AD (2) DOO (3) DP (4) JP (5) Other



* If the company is Public – at which market there are shares: (1) MTP (2) Open market (3) Listing
* Does the company have subsidiaries: (1) Yes (2) No



* Is the company part of the consolidation group: (1) Yes (2) No



* Is there a need for an audit of consolidation package: (1) Yes (2) No
* Number of organizational units between which turnover is performed:
* Is there an organized internal control or internal audit: (1) Yes (2) No



* Name of the accounting software in use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Does the software enable data export to Excel format: (1) Yes (2) No



* Has the company had an audit of the previous year: (1) Yes (2) No



* Name of the audit company:
* What was the Auditor`s opinion: (1) positive (2) with reserve (3) negative (4) disclaimer of opinion



* If the bookkeeping is performed externally – name of the agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is there a need for an Auditor`s report to be delivered in English: (1) Yes (2) No (3) Yes – only opinion and balance

|  |  |  |  |
| --- | --- | --- | --- |
| NUMBER OF EMPLOYEES |  |  |  |
| 1. In the company |  | 1. In the accounting dpt. |  |
| ASSETS AND CAPITAL | 000 din. |  | 000 din. |
| 1. Non-current assets |  | 1. Capital |  |
| 2. Current assets |  | 2. Long-term obligations |  |
|  |  | 3. Short-term obligations |  |
| **Business equity** |  | **Business liabilities** |  |

INCOME AND EXPENSES 000 din. 000 din.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Operating incomes |  | 1. Operating expenses |  |
| 2. Financial incomes |  | 2. Financial expenses |  |
| 3. Other incomes |  | 3. Other expenses |  |
| **Total incomes** |  | **Total expenses** |  |

# NUMBER OF ITEMS PROPERTY AND TRANSACTIONS

|  |  |  |
| --- | --- | --- |
| 1. Number of fixed asstes |  | 4. Number of incoming invoices |
| 2. Number of buyers |  | 5. Number of outgoing invoices |
| 3. Number of suppliers |  | 6. Number of changes in general ledger |

* **Projection of increase (decrease) of business activities 2019. in relation to 2018.**  \_\_\_\_\_\_\_\_\_\_ %

Responsible person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Function:

Phone. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: www: