

Business Client Intake Form

CONTACT INFORMATION											
Legal Business Name:											
Operating Name (if different from above):											
Main Contact:				Phone:							
Business Phone:				Fax:							
Email Address:				Website:							
Address:						Postal Code:					
GENERAL BUSINESS INFORMATION											
Business Type	<input type="checkbox"/> Corporation/Limited Company			Business Number:							
	<input type="checkbox"/> Sole-Proprietorship Partnership			Year End Date:							
	<input type="checkbox"/> Partnership <input type="checkbox"/> Other			# of Shareholders:							
My business has the following CRA accounts:				<input type="checkbox"/> Corporate Tax (RC)		<input type="checkbox"/> GST (RT)		<input type="checkbox"/> Payroll (RP)			
Description of Business/Business Activities and other notes:											
WOULD YOU LIKE US TO PREPARE YOUR CORPORATE TAX RETURN?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
Which year(s) of return(s) would you like us to prepare?											
SHAREHOLDER INFORMATION											
SHAREHOLDER 1											
Legal Name:											
Position:				% Ownership:							
Date of Birth:			Social Insurance Number (SIN):								
Main Phone:			Email Address:								
Home Address:						Postal Code:					
How is this shareholder paid?											
SHAREHOLDER 2											
Legal Name:											
Position:				% Ownership:							
Date of Birth:			Social Insurance Number (SIN):								
Main Phone:			Email Address:								
Home Address:						Postal Code:					
How is this shareholder paid?											
ADDITIONAL SHAREHOLDER NOTES											

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WOULD YOU LIKE US TO DO YOUR BOOKKEEPING?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a home-based business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Bookkeeping Software:		
Are you submitting an electronic file to us?				
Username:		Password:		<i>(Is kept confidential)</i>
Please briefly summarize your types of expenses:				
Number of business bank accounts and credit cards:				
How frequently do you intend to submit your bookkeeping?				
Are you interested in a monthly bookkeeping plan?				
Are you interested in receiving quarterly/annual bookkeeping reports?				
Other Bookkeeping information that you feel is important:				
WOULD YOU LIKE US TO FILE YOUR GST RETURNS?				<input type="checkbox"/> Yes <input type="checkbox"/> No
GST Year End Date:		Reporting Period:	<input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	
Last GST Return Filed:		Method:	<input type="checkbox"/> Quick <input type="checkbox"/> Regular	
WOULD YOU LIKE US TO PROCESS YOUR PAYROLL?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of employees:		Date of First Payroll:		
Pay Period/Pay Frequency:				
Would you like us to prepare Records of Employment (ROEs) for your company?				<input type="checkbox"/> Yes <input type="checkbox"/> No
ADDITIONAL NOTES				
<i>Please share any other information you think is important, including any other services not listed here that you are interested in. (For example, personal tax, registration for CRA business accounts, consulting, etc...)</i>				
I have submitted to you all documents and information pertaining to the above.				<input type="checkbox"/> Yes <input type="checkbox"/> No
I have additional information or paperwork to submit to you.				<input type="checkbox"/> Yes <input type="checkbox"/> No

INTERNAL USE ONLY				
LOCATION:	<input type="checkbox"/> Edmonton Trail	<input type="checkbox"/> Coventry	<input type="checkbox"/> Copperfield	
THIS CLIENT IS:	<input type="checkbox"/> A-1 Accounting	<input type="checkbox"/> Calgary EZ Tax		
MANAGING ACCOUNTANT (IF KNOWN):				
ADDITIONAL NOTES/CLIENT QUESTIONS/FOLLOW-UP:				