



Business Name: _____
Operating Name (if different): _____
Business Address: _____
Phone # B: _____ C: _____ F: _____
Owners /Directors Name: _____
Contact Name: _____
Business #: _____ CRA #: _____
Email Address: _____

INCORPORATION

What is the date of Incorporation? _____
Can you provide us with a copy of the Incorporation papers? Yes: _____ No: _____
What is the year end? _____
Do we have CRA Authorization of file? Yes: _____ No: _____
What services do you require (Check all that apply)
Bookkeeping: Monthly: _____ Quarterly: _____ Annually: _____
Who will be responsible for remitting HST? You: _____ Us: _____
Payroll: Yes: _____ No: _____
Set up Required: _____ Weekly or Bi-Weekly: _____
Who will create the cheques? You: _____ Us: _____
Prepare Annual T4/T5: _____ T5018: _____
Who will be responsible for remitting Source Deductions? You: _____ Us: _____
WSIB: Yes: _____ No: _____
Do we have WSIB Authorization? Yes: _____ No: _____
Who will be responsible for remitting WSIB? You: _____ Us: _____

SOLE PROPRIETORSHIP/PARTNERSHIP

Partners Name (if applicable): _____
Percentage of Ownership: _____
What services do you require (Check all that apply)
Bookkeeping: Monthly: _____ Quarterly: _____ Annually: _____
Who will be responsible for remitting HST? You: _____ Us: _____
Payroll: Yes: _____ No: _____
Set up Required: _____ Weekly or Bi-Weekly: _____
Who will create the cheques? You: _____ Us: _____
Prepare Annual T4: _____ T5018: _____
Who will be responsible for remitting Source Deductions? You: _____ Us: _____
WSIB: Yes: _____ No: _____
Do we have WSIB Authorization? Yes: _____ No: _____
Who will be responsible for remitting WSIB? You: _____ Us: _____

Signature Date