

## New Business Client Questionnaire

Please fill out this form at your discretion prior to your appointment.

Information provided herein will be kept confidential and used for accounting purposes only.

### CLIENT INFORMATION

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Legal name of corporation \_\_\_\_\_ BN: \_\_\_\_\_

Operating name of corporation, if different \_\_\_\_\_

Name of contact person \_\_\_\_\_

Taxation year start date \_\_\_\_\_ end date \_\_\_\_\_

Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Preferred Method(s) of Contact:  Email  Home Phone  Work Phone  Mobile Phone

Shareholders' names and SIN:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do shareholders own shares in any other companies  Yes  No \_\_\_\_\_

Does the corporation use a bookkeeping software  Yes  No \_\_\_\_\_

Does the corporation use a bookkeeper  Yes  No \_\_\_\_\_

Does the corporation have GST/HST obligations  Yes  No

If Yes:  Monthly  Quarterly  Yearly

Do you require GST/HST assistance from our office  Yes  No

Does the corporation have payroll  Yes  No

If Yes does the corporation use a payroll service  Yes  No

If No: do you require assistance from our office  Yes  No

Does the corporation have WSIB obligations  Yes  No

If Yes: Do you require assistance from our office  Yes  No