

CLIENT INFORMATION SHEET - CORPORATIONS

Legal Name of Company: _____

Operating As (if different than above): _____

Company Address: _____

Main Contact Name: _____ E-mail: _____

Phone #'s: Bus. _____ Home _____ Cell _____

Date of Incorporation: _____ Year End: _____

Ontario Corporation #: _____ Business (BIN) #: _____

Industry: _____

<u>Shareholder</u>	<u>Title</u>	<u>SIN#</u>	<u>% Ownership</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

of Employees: _____ Do you use a home office?: yes / no

What services do you require? (circle all that apply):

- | | | |
|----------------------|--|----------------------|
| Accounts Payable | Accounts Receivable | Bookkeeping |
| HST Returns | WSIB Returns | Payroll Preparation |
| Payroll Remittances | Accounting / Financial Statement Preparation | Bank Reconciliations |
| Corporate Tax Return | Other (please specify) _____ | |

Do you currently use accounting software? yes / no

If yes.... Name of accounting software _____
 What version is the software? _____ Client ID# _____

Tell us a bit more about your business:

