## **CLIENT INFORMATION SHEET - SOLE PROPRIETORS** Name of Business: Owned by: SIN#: **Business Address:** Phone #'s: Home \_\_\_\_\_ Cell\_\_\_\_ E-mail Address: Business (BIN) #: Industry: Do you use a home office?: yes / no # of Employees: 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** T1 Personal Income Tax Return (if so please also fill out the personal tax form) 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:

