Tardegraid Accounting

CONSULTATION & BOOKKEEPING REQUEST

Thank you for contacting us. We specialize in bookkeeping for small businesses and we look forward to getting to know your business. To help us get started, please fill out this form and bring it into your consultation.

Tell us about your business:

Legal Company Name:				
Owner:				
Position/Title:				
Street Address:				
City, Province, Postal Code:				
Bus:	Cell:			
Text:	Images: Yes No Documents: Yes No			
Email:				
Describe your business and operating activities:				
Is your business a:				
New Business	Existing Business			
Are you a:				
Sole Proprietor	Partnership (Proprietor)			
Limited Company	Incorporated Company			

Months/Years in B	usiness:
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Fiscal Year-End Date:

Last Year-End completed was:

Last Year-End completed by:

Month/Year of latest posted transactions:

Month/Year of last completed tax return:

Who is your current/previous accountant?

Who is your previous bookkeeper?

Reason for leaving previous bookkeeper:

How did you hear about us?

PLEASE INDICATE WHICH SERVICES YOU THINK YOUR BUSINESS NEEDS:

Business Start-up	
Financial Organization	
Bookkeeping Services	
Tracking Accounts Receivables a	nd/or Payables
Bank Reconciliations	
GST Remittances	
PST Remittances	
Inventory Control	
Cash Flow Management	
Special Report Requirements	
Payroll Support	Number of Employees:
Other:	

BANKING

X

Do you have a business bank account:	Yes	🗌 No	
If you have more than one, please explain:			
X			

Please list any automatic transactions that are posted monthly:

Do you have a business credit card:	Yes	🗌 No
If you have more than one, please explain:		
X		

Please list any automatic transactions that are posted monthly:



Accounts Receivable	Customer Invoices Issued
	Post Journal Entries Daily
	Post Journal Entries Weekly
	Post Journal Entries Monthly
DOS/Cash Register	Post Journal Entries Daily
	Post Journal Entries Weekly
	Post Journal Entries Monthly
Sales broken into catego	ories? 🗌 Yes 🗌 No
Is GST charged on sales	s? 🗌 Yes 🗌 No
Are you registered for (GST? 🗌 Yes 🗌 No
GST #:	
GST is filed:	Monthly Quarterly Annually
GST Remittances Curre	ent: 🗌 Yes 🗌 No
If no, please provide de	tails

How are your expenses handled?
Do you pay your invoices by: (check all that apply)
Cheque Credit Card Debit Cash Shareholder (personally)
How would you prefer to have your vendor receipts posted:
Journal Entry: Per receipt OR Monthly Accts. Payable per Vendor
Would you like a list of your expense accounts so you can pre-code all of your payables?
Yes No
O THER CONSIDERATIONS
Business Use of Vehicle Record all auto expenses, adjust at Year-End
Record % of expenses/HST (balance to shareholders loan)
Record no expenses until Year-End
Business Use of Home Record all home expenses, adjustments made at Year-End
Record % of expenses/HST (balance to shareholders loan
Record no expenses until Year-End
Software to be used: Client data provided?

ΡΑΥΡΟΙΙ

PAYROLL
Does your company hire: Employees Sub-Contractors
Number of employees:
Payroll Type: Hourly Salary Commission
Payroll Frequency:
Weekly Bi-Weekly 15 th /30 th Monthly Advances
Payroll Payable:
Same Day 1 Day 2 Days 5 Days Other
Do you have a benefits plan? Yes No
Vacation Payable: Retained Paid out
Stat Holidays are: Calculated based on prior work history
Paid out at an even 8 hours
Do your employees ever work overtime? Yes No
If yes, please provide details:
Click here to enter text.
Compensation for Overtime: Time & ¹ / ₂ Banked Hours Averaging Agreement
Client will provide timesheets by: E-mail Fax Mail Phone
Payroll Filed:
Accelerated (5 th & 10 th) Monthly BY: Bookkeeper Client
Payroll Remittances Current: Yes No
If no, please provide details:
Click here to enter text.

Payroll Cont'd
WCB #:
WCB filed by: Dookkeeper Client
WCB Labour Report Current: Yes No (Typically completed annually.)
If no, please provide details:
Click here to enter text.
T4's to be completed by Tardegraid Accounting: Yes No
TD1 forms are current and included for each employee: Yes No
ROEs to be issued by Tardegraid Accounting: Yes No Payroll Notes:

How we will work together:

Financials to be issued:

	Monthly	Quarterly	Semi-Annually	Annually
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Paperwork and data files:

Client drops off	We Courier
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PLEASE DESCRIBE ADDITIONAL REQUIREMENTS YOU MAY HAVE:

X	

NAME THREE AREAS IN WHICH YOUR CURRENT BOOKKEEPING REQUIRES IMPROVEMENT:

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Is there anything else we should know about your business?

When would you like to get started?

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