

CONSULTATION & BOOKKEEPING REQUEST

Thank you for contacting us. We specialize in accounting and 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 return it to us so that we can best direct our services to meet your needs.

Tell us about your business:

Legal Company Name:	
Contact Person(s):	
Position/Title:	
Street Address:	
City, Province, Postal Code:	
Phone:	Fax:
E-mail for contact person:	
Web-site:	
Describe your business A	IND OPERATING ACTIVITIES:
Is your business a:	
New Business	Existing Business
Are you a:	
Sole Proprietor	Partnership (Proprietor)
Limited Company	Incorporated Company

Months/Years in Business:

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	and/or Payables
Bank Reconciliations	
HST Remittances	
Inventory Control	
Cash Flow Management	
Special Report Requirements	
Payroll Support	Number of Employees:
Year End Tax Return and Finan	cial Statements
Other:	

Banking	
Do you have a business bank account:	Yes No
If you have more than one, please explain	1:
Please list any automatic transacti	ons that are posted monthly:
IE – loan pymts, tax installments, utility l	pills, etc.
We can discuss this at a later time (TBD))
Do you have a business credit card:	🗌 Yes 🗌 No
If you have more than one, please explain	1:

As above - TBD

How ARE YOUR SALES HAI			r Invoices Is	sued	
		Post Jour	nal Entries	Daily	
		Post Jour	nal Entries	Weekl	у
		Post Jour	nal Entries	Month	ly
DOS/Cash Register		Post Jour	nal Entries	Daily	
		Post Jour	nal Entries	Weekl	У
		Post Jour	nal Entries	Month	ly
Sales broken into categorie	s?		Yes		No
Is HST charged on sales?			Yes		No
Are you registered for HST	?		Yes		No
HST #:					
HST is filed:			Monthly		Quarterly Annually
HST Remittances Current:			Yes		No
If no, please provide details	· ·				

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
OTHER 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: Access to file / data provided?

PAYROLL
Who is doing the payroll processing? Client K&A External payroll service
Does your company hire: Employees Sub-Contractors
Number of employees:
Payroll Type:
Payroll Frequency:
\Box Weekly \Box Bi-Weekly \Box 15 th /30 th \Box Monthly \Box 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
Do your employees ever work overtime? Yes No
If yes, please provide details:
Compensation for Overtime: Time & ¹ / ₂ Banked Hours Averaging Agreement
Client will provide timesheets by: E-mail Timekeeping Software Access
Payroll Remittances Filed:
$\square Accelerated (5th & 10th) \square Monthly BY: \square K & A \square Customer \square External$
Payroll Remittances Current: Yes No
If no, please provide details:

PAYROLL CONT'D

Workplace Safety and Insurance Board (WSIB) Account #:
WSIB filed by:
WSIB Filing Frequency: Monthly Quarterly
WSIB Current: Yes No
If no, please provide details:
T4's to be completed by K & A: Yes No
T5018's to be completed by K & A: Yes No
TD1 forms are current and included for each employee: Yes No
Payroll Notes:

How we will work together:	
Reports / Reviews to be issued:	
Paperwork and data files:	
Bookkeeping files to be kept at: KA Office Custor	ner Office
P LEASE DESCRIBE ADDITIONAL REQUIREMENTS YOU MAY HAVE:	
NAME THREE AREAS IN WHICH YOUR CURRENT BOOKKEEPING REG	QUIRES IMPROVEMENT
Is there anything else we should know about your b	
	USINESS?
(\mathbf{O})	USINESS?
	USINESS?
When would you like to get started?	USINESS?
When would you like to get started?	USINESS?