

Consultation & Bookkeeping Request

Thank you for contacting us. We specialize in bookkeeping for businesses in the health and wellness sector. 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.

Please tell us about the business:

Legal Company Name:

Contact Person:

Position/Title:

Street Address:

City, Province, Postal
Code:

Phone:

Fax:

Email for contact
person:

Web-site:

Describe the business and operating activities:

New Business

Existing Business (please note how
many years in operation)

Type of business:

Sole Proprietor

Partnership (Proprietor)

Limited Company

Incorporated Company

Fiscal Year-End Date:

Month/Year of last completed tax return:

Who is your current/previous accountant?

Who was your previous bookkeeper?

May we contact them if inquiries are required?

How did you hear about us?

Please indicate which services the business needs:

- Business Start-up
- Catch-up / Clean-up
- Yearly Bookkeeping Services
- Quarterly Bookkeeping Services
- Monthly Bookkeeping Services
- Weekly Bookkeeping Services
- Tracking Accounts Receivables
- Tracking Accounts Payables
- Periodic Bank Reconciliations
- GST Remittances
- PST Remittances
- Cash Flow Management
- Special Report Requirements
- Payroll Support
- Other:

Banking

Is your business bank account separate from personal: Yes No

Define the active business bank accounts:

Is there a business credit card: Yes No

If there is more than one, please explain:

How are your sales handled?

Accounts Receivable POS / Cash register

Sales broken into categories? Yes No

GST charged on sales? Yes No

GST is filed: Monthly Quarterly Annually

GST Remittances Current: Yes No

PST charged on sales? Yes No

PST is filed: Monthly Quarterly Annually

PST Remittances Current: Yes No

How are your expenses handled?

How do you pay your bills? (check all that apply)

Cheque Credit Card Debit Cash Personally

Would you like a list of your expense accounts so you can make note of where they are categorized as you go?

Yes No

Other considerations

- | | |
|--|---|
| <input type="checkbox"/> Business Use of Vehicle | <input type="checkbox"/> Record all auto expenses, adjust at Year-End |
| | <input type="checkbox"/> Record no expenses until Year-End |
| <input type="checkbox"/> Business Use of Home | <input type="checkbox"/> Record all home expenses, adjustments made at Year-End |
| | <input type="checkbox"/> Record no expenses until Year-End |

How we will work together:

How often would you like to get reports and discuss financials?

Monthly Quarterly Semi-Annually Annually

Paperwork and data files:

Client drops off Digital

Bookkeeping to be completed at: Our Office Client Office

Bookkeeping files to be kept at: Our Office Client Office

Please describe any additional requirements you may have:

Please note a few area where your current bookkeeping could use improvement:

Is there anything else we should know about your business?

When would you like to get started?

Thank you so much for taking the time to fill out this application! It helps us serve you better.