



Chartered Professional Accountant
 225 – 1855 Kirschner Road, Kelowna BC, V1Y 4N7
 P: (236) 420 – 4801 | F: (236) 420 – 4802 E: info@creeksideaccounting.ca

BUSINESS CONTACT INFORMATION

Company's Legal Name		<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole proprietorship
CRA/GST Number		PST Number	
Mailing Address			
Phone – Cell		Phone - Office	
Email			
Main Contact		Signing Officer	
Business Year End			

BOOKKEEPER'S INFORMATION

Bookkeeper's Name			
Phone		E-Mail	
Software Utilized		Password	

CORPORATE LAWYER'S INFORMATION

Lawyer's Name		Lawyer's Firm	
Phone		E-Mail	

DIRECTOR / SHAREHOLDER INFORMATION

Individual's Name		Individual's Name	
SIN		SIN	

PREVIOUS ACCOUNTANT'S INFORMATION

Individual's Name		Firm Name	
Contact Information			
Reason for Change			
May we contact them to obtain any required historical records:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

HIGH RISK AREAS

Related Groups Risk (Corporations Only)	Do you have a personal relationship with corporations you sell to or earn income from? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a shareholder of multiple corporations? Please list: _____
Foreign Property Risk	Do you or your corporation hold more than \$100,000 in foreign assets? This can include a \$100,000 market value investment in a US company such as Apple Inc. <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER INFORMATION

What type of services do you need?	<input type="checkbox"/> Personal Taxes <input type="checkbox"/> Corp Tax (T2 Only) <input type="checkbox"/> Financial Statements <input type="checkbox"/> Full-Service Package (Corporate Tax, Financial Statements, Personal Tax, & Bookkeeping) <input type="checkbox"/> Payroll <input type="checkbox"/> PST <input type="checkbox"/> GST - Filing Period: <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Expectations you have for our services:	
Why did you decided to use our firm over our competitors?	
Your preferred communication method:	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text
Preferred records format:	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic / PDF Download Required by Client

Client Name: _____ Client Signature: _____ Date: _____