

For New Clients

<div>Basic Info.</div> <div>Business Name:</div> <div>Register Business Office Phone #:</div> <div>Contact Phone #:</div> <div>Contact e-mail:</div> <div>Date of Incorporation:</div> <div>Company Key:</div> <div>Business Number:</div> <div>Year-End (YYYY-MM)</div> <div>HST# (if registered):</div> <div>HST filing period (M or Q or Annually):</div> <div>Payroll#:(If registered for employees):</div> <div>Payroll remittance period(M or annually):</div> <div>OCN (Ontario Corp.):</div> <div>Head Office Addr.:</div> <div>Mailing Addr.:</div> <div>Name of Director(signing officier):</div> <div>SIN of Director:</div> <div>Last Tax Return Year filed:</div> <div>Last Annual Return Year filed:</div> <div>Register Capital (\$)</div> <div>Bank name:</div> <div>Last FOUR digits of the CHQ Account #:</div>				
Main Income Sources (Top-5)	Name	Type	Frequency	Around cash-in date each month
Main Expense (Vendars, Top-15)	Name	Type	Frequency	Around pay date each month
If Income Tax Return service needed				
Shareholder Info	Name	SIN or BN	Share %	Res. Or NR
Individual Shareholder-1:				
Individual Shareholder-2:				
Individual Shareholder-3:				
Corporation Shareholder-1:				
Corporation Shareholder-2:				