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| **For New Clients** |  |  |  |  |
| **Basic Info.** |   |   |   |   |
| Business Name: |  |  |  |   |
| Register Business Office Phone #: |  |  |  |   |
| Contact Phone #: |  |  |  |   |
| Contact e-mail: |  |  |  |   |
|   |  |  |  |   |
| Date of Incorporation: |  |  |  |   |
| Company Key: |  |  |  |   |
| Business Number: |  |  |  |   |
| Year-End (YYYY-MM) |  |  |  |   |
| HST# (if registered): |  |  |  |   |
| HST filing period (M or Q or Annually): |  |  |  |   |
| Payroll#:(If registered for employees): |  |  |  |   |
| Payroll remittance period(M or annually): |  |  |  |   |
| **OCN (Ontario Corp.):** |  |  |  |   |
| Head Office Addr.: |  |  |  |   |
| Mailing Addr.: |  |  |  |   |
| Name of Director(signing officier): |  |  |  |   |
| SIN of Director: |  |  |  |   |
| Last Tax Return Year filed: |  |  |  |   |
| Last Annual Return Year filed: |  |  |  |   |
|   |  |  |  |   |
| **Register Capital ($)** |  |  |  |   |
| **Bank name:** |  |  |  |   |
| **Last FOUR digits of the CHQ Account #:** |  |  |  |   |
| **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 |
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| 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: |  |  |  |   |