

CONSULTATION & BOOKKEEPING REQUEST

Thank you for contacting us. We specialize in 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 AND 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
- ☐ PST Remittances
- ☐ Inventory Control
- ☐ Cash Flow Management
- ☐ Special Report Requirements
- ☐ Payroll Support
- ☐ Other:

Number of Employees:

BANKING

Do you have a business bank account: ☐ Yes ☐ No

If you have more than one, please explain:

Please list any automatic transactions that are posted monthly:

Do you have a business credit card: ☐ Yes ☐ No

If you have more than one, please explain:

Please list any automatic transactions that are posted monthly:

HOW ARE YOUR SALES HANDLED?

☐ Accounts Receivable ☐ Customer Invoices Issued

☐ Post Journal Entries Daily

☐ Post Journal Entries Weekly

☐ Post Journal Entries Monthly

☐ POS/Cash Register ☐ Post Journal Entries Daily

☐ Post Journal Entries Weekly

☐ Post Journal Entries Monthly

Sales broken into categories? ☐ Yes ☐ No

Is HST charged on sales? ☐ Yes ☐ No

Are you registered for HST? ☐ Yes ☐ No

HST #:

Click here to enter text.

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: _____ ☐ Client data disk/zip drive provided?

PAYROLL

Does your company hire: ☐ Employees ☐ Sub-Contractors

Number of employees:

Payroll Type: ☐ Hourly ☐ Salary ☐ Commission

Payroll Frequency:

☐ Weekly ☐ Bi-Weekly ☐ 15th/30th ☐ Monthly ☐ 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

Stat Holidays are: ☐ Calculated based on prior work history

☐ Paid out at an even 8 hours

Do your employees ever work overtime? ☐ Yes ☐ No

If yes, please provide details:

Compensation for Overtime: ☐ Time & ½ ☐ Banked Hours ☐ Averaging Agreement

Client will provide timesheets by: ☐ E-mail ☐ Fax ☐ Mail ☐ Phone

Payroll Filed:

☐ Accelerated (5th & 10th) ☐ Monthly BY: ☐ Bookkeeper ☐ Client

Payroll Remittances Current: ☐ Yes ☐ No

If no, please provide details:

PAYROLL CONT'D

WCB #: [Click here to enter text.](#)

WCB filed by: ☐ Bookkeeper ☐ Client

WCB Labour Report Current: ☐ Yes ☐ No (Typically completed annually.)

If no, please provide details:

T4's to be completed: ☐ Yes ☐ No

T5018's to be completed: ☐ Yes ☐ No

TD1 forms are current and included for each employee: ☐ Yes ☐ No

Payroll Notes:

HOW WE WILL WORK TOGETHER:

Financials to be issued:

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Paperwork and data files:

☐ Client drops off ☐ We pick up

Bookkeeping to be completed at: ☐ Our Office ☐ Client Office

Bookkeeping files to be kept at: ☐ Our Office ☐ Client Office

PLEASE DESCRIBE ADDITIONAL REQUIREMENTS YOU MAY HAVE:

NAME THREE AREAS IN WHICH YOUR CURRENT BOOKKEEPING REQUIRES IMPROVEMENT:

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR BUSINESS?

WHEN WOULD YOU LIKE TO GET STARTED?