



## BOOKKEEPING CLIENT INTAKE FORM

Full Company Name:					
Business Address (Street name & number, City, Postal Code):					
Business Phone:				Email:	
Name of Point of Contact for Accounting Needs:					
Phone:				Email:	
Are you:		<input type="checkbox"/> Incorporated <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership			
Business Number (CRA Account):				Fiscal Year End Date:	
GST Number:				Frequency of GST Remittance:	
PST Number:				Frequency of PST Remittance:	
EHT Number:				Frequency of EHT Remittance:	
WorkSafe BC Number:				Frequency of WorkSafe BC Remittance:	
Number of Bank Accounts:				Number of Credit Cards:	
Current Accounting Software:				Do you require client invoicing? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your business have payroll?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, how many employees?	
				If Yes, frequency of Payroll	
Frequency of Source Deduction Remittance:					
Which bank is used for the Business?					
Are bank accounts connected to accounting software? <input type="checkbox"/> YES <input type="checkbox"/> NO				Are you comfortable giving F&C Bookkeeping access to your online banking? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your business have any loans?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, please provide loan information:	
How did you hear about F&C Bookkeeping?					
Signature:				Date:	