

## Corporation Accounting & Taxes - Client Intake Form

*Note: This Client Intake Form is for those NEW corporation clients who have an EXISTING registered corporation.*

Meeting Date: \_\_\_\_\_ ID Copy:  Yes  No

### 1. General Information

Client Name:		M / F
Corporation Name:		
CRA Business Number:		
Major Business Activity:		
Corporation Category:	<input type="checkbox"/> Regular Business <input type="checkbox"/> Management <input type="checkbox"/> Holding <input type="checkbox"/> Prof Corp	
Date of Incorporation:		
Fiscal Year End for Business:		
Corporation Head Office Address:		
Contact Info (phone, email):		

### 2. Copies of Permanent Records (Admin File)

Certificate and articles of incorporation	Copy of form 1
Register (directors, officers, shareholders)	Master business license (MBL) if issued
Business number notice or call CRA	Ontario corporation number if a federal corporation

### 3. Copies of Prior Year Accounting and Tax Records (may be accessed through CRA's online system)

Prior year's corporation tax return T2	Prior year's financial statements and ledgers/journals
Prior year's HST return	Prior year's payroll records (T4s, T4As, T5s)

### 4. Authorization Documents

RC59 online business consent form	ROE web client employer consent form (payroll)
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### 5. Current Year Accounting Documents and Information

Provide all accounting related documents (refer to the *accounting and taxes documents checklist*)

### 6. Miscellaneous Information

Director 1 Name: \_\_\_\_\_

Resident?  Yes  No Date of Birth: \_\_\_\_\_ SIN: \_\_\_\_\_

Director 2 Name: \_\_\_\_\_

Resident?  Yes  No Date of Birth: \_\_\_\_\_ SIN: \_\_\_\_\_

Director 3 Name: \_\_\_\_\_

Resident?  Yes  No Date of Birth: \_\_\_\_\_ SIN: \_\_\_\_\_

Shareholder Structure: \_\_\_\_\_

HST Return Frequency:  N/A  Annual  Quarterly  Monthly

Payroll Frequency:  N/A  Client Responsibility  Biweekly  Monthly

Payroll Remittance:  N/A  Client Responsibility  Monthly

T4 / T4A / T5 Compilation:  N/A  Client Responsibility  Maybe

Services that we will provide (check all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> QB complete monthly    | <input type="checkbox"/> Regular payroll    | <input type="checkbox"/> T5 compilation        |
| <input type="checkbox"/> QB complete year end   | <input type="checkbox"/> Payroll remittance | <input type="checkbox"/> T1135                 |
| <input type="checkbox"/> QB summary year end    | <input type="checkbox"/> WSIB               | <input type="checkbox"/> US 1120F              |
| <input type="checkbox"/> Corporation taxes (T2) | <input type="checkbox"/> T4 compilation     | <input type="checkbox"/> Financial statements  |
| <input type="checkbox"/> HST tax return         | <input type="checkbox"/> T4A compilation    | <input type="checkbox"/> Management consulting |

Your bank? \_\_\_\_\_

Notes: \_\_\_\_\_

New Client  Existing Client

**7. New Client Acceptance Checklist**

- |   |  |                             |                              |
|---|--|-----------------------------|------------------------------|
| Has client integrity been considered?                                 | <input type="checkbox"/> Yes                                     | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Has the client's reputation/image been considered?                    | <input type="checkbox"/> Yes                                     | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Has the client's business acumen been considered?                     | <input type="checkbox"/> Yes                                     | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Do we have internal competence to perform engagement?                 | <input type="checkbox"/> Yes                                     | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Do we have internal resources to complete and deliver work on time?   | <input type="checkbox"/> Yes                                     | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Independence - Non-assurance: no significant threats to independence? | <input type="checkbox"/> Yes                                     | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Is our firm free of any conflicts of interest with the client?        | <input type="checkbox"/> Yes                                     | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Are there any issues to the collection of professional fees?          | <input type="checkbox"/> Yes                                     | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Have we screened the client? Initial assessment to move forward?      | <input type="checkbox"/> Yes                                     | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Decision made to accept client  | <input type="checkbox"/> Accept <input type="checkbox"/> Decline |                             |                              |