



Small Business Accounting Professionals

One-Stop Small Business Solutions

Primary Contact: _____

Business Name: _____

Home Address:

Business Address:

Home Phone: _____

Bus. Phone: _____

Birth Date: ____/____/____

Cell Phone: _____

S.I.N.: ____ - ____ - ____

Bus. Fax: _____

Referred By: _____

Bus. E-mail _____

Additional Partners (Include name, Birth date and SIN #'s)

Marital Status: _____
(Include name, date of birth, SIN #)

Incorporation Date: _____

GST Method: _____

Business Y/E Date: _____

Frequency of filing: _____

Last F/S completed by: _____

Follow Up: _____

Documents Obtained:

- Privacy Consent
- Registered GST
- Minute Book
- CRA Consent
- Business Number _____
- Engagement Letter _____
- Consent to share with SBLC
- Other

Main activity of the business:

Office location:

- In the home**
Sq. footage of home _____
Sq. footage of office _____
- Separate location**
 Owned Year Purchased _____
 Rented Rent Amount _____

Does your company:

- Carry Inventory? _____
- Purchase items for resale? _____
- Have any expenses or contracts? _____
- Purchase repair & maintenance items? _____
- Have computer purchases? _____
- Have Payroll or Contractors? _____
- Give dividends? _____
- Use a Corporate Credit Card? _____
- Mix personal and corporate expenses? _____
- Have unrelated shareholders? _____

Notes: