

Corporate Client Intake Form

Company Name:

Operating Name:

Business Number:

Alberta Corporate Number:

Incorporation date:

Contact Person:

Email address:

Phone number:

Address:

Website:

Profession/Industry:

Year-end date:

Software:

Services currently interested in:

- | | |
|--|--|
| ☐ Annual return | ☐ Payroll- Semi-Monthly |
| ☐ Audit Engagement | ☐ Payroll- ROE |
| ☐ Bookkeeping – Month | ☐ PST Return |
| ☐ Bookkeeping- Annual | ☐ Review Engagement |
| ☐ Compilation | ☐ T2 return |
| ☐ Consulting | ☐ T4 slip (s) |
| ☐ Financial planning | ☐ T5 slip (s) |
| ☐ GST-Return | ☐ T5018 slip (s) |
| ☐ Payroll -Bi-weekly | ☐ WCB Annual return |
| ☐ Payroll- Monthly | |

Current Accountant's Information:

Name:

Address:

Phone number:

Email address: