

CONSULTATION & BOOKKEEPING REQUEST

Thank you for contacting us. We specialize in bookkeeping for small & medium size 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**

Month	ns/Years in Business:			
Fiscal	Year-End Date:			
Last Y	ear-End completed was:			
Indust	ry Business is involved in			
Who is	s your previous bookkeeper?			
Reason	n for leaving previous bookkeepe	r:		
How d	lid 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			
	Gov't Remittances			
	Inventory Control			
	Cash Flow Management			
	Special Report Requirements			
	Payroll Support	Number of Employees:		
	Other:			

BANKING
Do you have a business bank account:
If you have more than one, please explain:
Last 4 Digits of Debit Cards used
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:
Last 4 Digits of Credit Cards used:
Please list any automatic transactions that are posted monthly:





How are your sales handled?							
☐ Invoicing to Customers							
POS/Cash Register							
Is GST charged on sales?	Yes	☐ No	How are Your				
Are you registered for GST?	Yes	□ No	EXPENSES				
GST #:							
GST is filed:	Monthly	Quarterly Ann	nually				
GST Remittances Current:	Yes	□ No					
If no, please provide details:							
HANDLED?							
Do you pay your invoices by: (check all that apply)							
☐ Cheque ☐ Credit Card ☐ Debit ☐ Cash ☐ Shareholder (personally)							
OTHER CONSIDERATIONS							
Does the Company own a vehicle? Yes No							
PAYROLL							
Does your company hire: Employees Sub-Contractors							
Number of employees:							
Payroll Type:							
Payroll Frequency:							
☐ Weekly ☐ Bi-Weekly ☐ 15 th /30 th ☐ Monthly ☐ Advances							
Client will provide timesheets by: E-mail Fax							
Payroll Filed:							
		CEPTIFIC					





BY: Bookkeeper Client
Payroll Remittances Current:
If no, please provide details:
WCB #: Click here to enter text.
WCB filed by:
WCB Labour Report Current:
T4's to be completed by Bookkeeper:
T5018's to be completed by Bookkeeper:
TD1 forms are current and included for each employee:
How we will work together:
Bookkeeping to be prepared: Monthly Quarterly Semi-Annually Annually
Paperwork and data files: Client drops off We pick up
Bookkeeping files to be kept at:
Do you require Financial Reports
If yes: Monthly Quarterly Semi-Annually Annually





WHAT DO YOU VALUE MOST:
What are your expectations of a bookkeeper?
Which services provided offer the highest value to you?
What are your current concerns? What keeps you up at night? Are you concerned about any of your asset, liability or income statement accounts? Is there something that we need to pay particular attention to? How would you like me to help?
What growth plans to you have for the coming year? (Purchases, major Reno, refinances, sale,)
If price were not an issue what roll would you want me to play in your business?
How important is a service and price guarantee to you?
How important is rapid response on your questions? What do you consider rapid?
Would you like me to attend any meetings (in person or by phone) with or without you when dealing with your other team members (accountant, lawyer, CRA, mortgage broker or other professionals?
Are you open to new technologies that would allow us to streamline some of your activities?
What is your budget for these services?
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