



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

Months/Years in Business:

Fiscal Year-End Date:

Last Year-End completed was:

Industry Business is involved in

Who is your previous bookkeeper?

Reason for leaving previous bookkeeper:

How did 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
- Other:

Number of Employees: _____

BANKING

Do you have a business bank account: Yes No

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

Are you registered for GST? Yes No

GST #:

GST is filed: Monthly Quarterly Annually

GST Remittances Current: Yes No

If no, please provide details:

HOW ARE YOUR EXPENSES 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: Hourly Salary Commission

Payroll Frequency:

- Weekly Bi-Weekly 15th/30th Monthly Advances

Client will provide timesheets by: E-mail Fax

Payroll Filed:



BY: Bookkeeper Client

Payroll Remittances Current: Yes No

If no, please provide details:

WCB #: *Click here to enter text.*

WCB filed by: Bookkeeper Client

WCB Labour Report Current: Yes No (Typically completed annually.)

T4's to be completed by Bookkeeper: Yes No

T5018's to be completed by Bookkeeper: Yes No

TD1 forms are current and included for each employee: Yes No

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: Our Office Client Office

Do you require Financial Reports Yes No

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 do you have for the coming year? (Purchases, major Reno, refinance, sale,)

If price were not an issue what role 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?