

Corporation Accounting & Taxes - Client Intake Form

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

1. General Information

Client Name:		M / F
Business 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	
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 licence (MBL) if issued
Business number notice or call CRA	Ontario corporation number if a federal corporation

2. 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, T3s)

3. Authorization Documents

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

Provide all accounting related documents (review the accounting and taxes documents checklist)

5. 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		