

## Welcome!

We're so pleased to begin our partnership with you! To ensure we have the information we need to best serve you, please take a few moments to fill out the form below and return to us together with the financial information assembled. If you have any questions, please feel free to contact us at any time. Thank you!

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*Provide the following documents together with completed copy of this form.*

Articles of Incorporation	Prior year Notice of Assessment
Prior year Financial Statements	Prior year Tax Return
Installment payments made during the year	Most recent Statement of Account
Bookkeeping file (e.g. Quickbooks) OR Balance Sheet	Income Statement
Trial Balance	General Ledger
Bank Account Statement (last month of corp. year)	Credit Card Statement (last month of corp. year)
HST Code for e-filing	Reconciliation Statement (if applicable)

*Please use separate Word document or file if insufficient space than what are provided below.*

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## Client Information

Corporation Name	Business Number (BN)	
Operating Name (if different from Corp.)	Tax Year End Date	
Address	Address changed since last time CRA notified?	Yes No
City	Prov	Postal Code

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### AUTHORIZED SIGNING OFFICER

First Name                      Last Name

Contact Phone                      E-mail Address

### CONTACT PERSON (if different from the signing officer)

First Name                      Last Name

Contact Phone                      E-mail Address

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Corporation own foreign property at any time in the tax year with total cost > \$100,000?                      Yes                      No

Is the corporation a personal services business?	Yes	No
Is the corporation a professional corporation that is a member of a partnership?	Yes	No
Was the corporation associated with any corporations in the previous tax year?	Yes	No
Is this the first year filing after incorporation	Yes	No
Did the corporation entered into non-arm's length transactions with non-resident?	Yes	No
Did the corporation have any foreign affiliates in the tax year?	Yes	No

**Main revenue generating business activity**

**Principal Products /Services.** *List principal products/services provided and percentage each product/service is of total revenue.*

**CORPORATION DIRECTORS.** *Provide complete name, address and telephone number separated by commas in each line.*

**SHAREHOLDERS.** *Provide complete name, SIN, Business Number if corporation, No. of Shares Owned and class of shares - separated by comma in each line.*

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**RELATED/ASSOCIATED CORPORATIONS.** *Provide below information if related/associated with other corporation.*

Name of Corporation

Country of residence of the Corporation

Business Number

Relationship (Related, Associated, Parent, Subsidiary)

No. of Common Shares Owned and %  
of Common Shares Owned

No. of Preferred Shares Owned  
and % of Preferred Shares Owned

Book Value of Capital Stock

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Prepared by Authorized Contact Person: