

**NEW CLIENT
CORPORATE INCOME TAX RETURN INFORMATION**

CHECKLIST: for the fiscal year ending _____

1. General Information:

Name		Phone #		
Corporation Name		Office		
Operating As		Fax		
Business Number		Cell		
Address		Other		
		E-Mail		
		Web-site		

2. New Client:

Provide a copy of your incorporation documents and any amendments.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Provide a copy of your previous year financial statements and tax return.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A copy of your previous year notice of assessment from CRA.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Contact information for your previous accountant.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A copy of the current shareholder register - including name, address, SIN number	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A copy of the current directors register	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List of associated or related companies:			
Name	Business No.	Year End	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Current Year Information:

A back-up or accountants copy of your current QuickBooks or Simply Accounting file.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not utilizing one of the accounting packages above, please contact our office to determine the appropriate information requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of the last bank statement of the fiscal year, and the first bank statement of the following month.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of the bank reconciliation as at the year end date.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Listing of any prepaid deposits at the fiscal year end. (i.e. rent, utilities)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Listing of inventory as of the fiscal year end (if any) along with valuations at cost and notes regarding any potential write downs to fair market value.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Listing of any accounts receivable at the fiscal year end (if any) along with any potential bad debt write-offs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Current Year Information Con't:

Listing of fixed asset additions and disposals by class: i.e. computer equipment, software, office furniture, vehicles.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Listing of any accounts payable at the fiscal year end (if any) along with any amounts no longer due.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Leases - copies of all leases in effect.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of bank financing agreements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of any other loan agreements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of previous year T-4 summaries.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of the monthly remittance forms to Revenue Canada of any payroll withholdings, including the remittance following the fiscal year end showing the remittance for the final month of the fiscal year.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of the remittance forms to Revenue Canada of any GST/HST taxes owing including the first remittance after the end of the fiscal year end.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of WSIB remittances including the first remittance after the end of the fiscal year end.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of WSIB and EHT statements of account.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Listing of any deposits received from customers as of the fiscal year end.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dividends or interest paid during the period and a copy of the T-5 summary if applicable.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Home Office Expenses:

Did the corporation operate from a home office in the course of conducting its operations and earning income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Was the shareholder reimbursed for home office expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Expense reimbursement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rental payment? \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please complete the following information:		
Area of home used for business: (sq. feet)	_____	
Total area of home: (sq. Feet)	_____	
Annual costs	Heat	\$ _____
	Hydro	\$ _____
	Insurance	\$ _____
	Maintenance	\$ _____
	Mortgage Interest	\$ _____
	Property taxes	\$ _____

5. Authorizations:

Client business authorization - RC59	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please note that some of these items may not apply to your organization. If you are unsure as to which items do not apply, please do not hesitate to contact our office. We will only require information which applies to the current fiscal period, and will not require copies of documents already supplied.