



ALVARES & McLEOD LLP

Chartered Professional Accountants

Business Name(s): _____

Business Number(s): _____

Primary Contact: _____

Home Address: _____

Business Address: _____

Bus. Phone: _____

Cell Phone: _____

Birthdate: _____ / _____ / _____
day month year

S.I.N.: _____ - _____ - _____

Referred By: _____

Bus. Email: _____

Additional Partners (Include name, SIN# and Birthdate (Optional) - details of shareholdings will be required)

Incorporation Date: _____

GST Method: _____

Business Year End: _____

Frequency of Filing: _____

Does the business require help with filing GST? _____

Documents Provided:

- Engagement Letter
- Minute Book
- CRA Consent



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Main Activity of the Business:

Internet Activities for Business:

Number of websites used to Earn Income (up to 5): _____

Website Name(s) and percentage of the total Income earned from each website: _____

Office Location:

In the Home:

Sq. Footage of Home _____

Sq. Footage of Office _____

Separate Location:

Owned: Year Purchased _____

Rented: Rent Amount _____

Related Parties:

Do you or partners, or a person's related to you or partners, own shares in another company? (Y or N) _____

(A related person could be a spouse, siblings, parents and/or children)

Details: _____

Does your corporation own shares in another corporation? (Y or N): _____

Details: _____

Instructions, Notes and Tax Planning Considerations: