



ALVARES & McLEOD LLP

Chartered Professional Accountants

CORPORATE TAX INFORMATION CHECKLIST

BUSINESS INFORMATION:

Business Name _____

Business Number _____

Fiscal Year End _____

Address _____

City/Prov. _____ Postal Code _____

Telephone _____ E-mail _____

Cell Phone _____ Fax _____

SHAREHOLDER INFORMATION:

Changed: (yes/no) _____ If yes, complete below:

New Shareholder:

Name	SIN	Percentage of Shares Owned
------	-----	----------------------------

_____	_____	_____
_____	_____	_____

Removed Shareholder:

Name	SIN	Percentage of Shares Owned
------	-----	----------------------------

_____	_____	_____
_____	_____	_____

We Require Minute Book Documentation for Above Changes. Included (yes/no): _____



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INFORMATION INCLUDED:

Bookkeeping File Simply Accounting Quickbooks Verison: _____

Password for Bookkeeping File: _____

- | | |
|--|---|
| <input type="checkbox"/> Excel Spreadsheet | <input type="checkbox"/> Home Office Spreadsheet |
| <input type="checkbox"/> Bankstatements | <input type="checkbox"/> Credit Card Receipts |
| <input type="checkbox"/> Invoices/ Receipts | <input type="checkbox"/> Government Correspondance (Corporate Tax, GST, Payroll – Including any returns or slips filed during the year) |
| <input type="checkbox"/> Lease/Purchase Agreements | <input type="checkbox"/> Minute Book Updates |
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SOURCES OF INCOME

Do You Have?

Invoices (yes/no) _____

Cash Sales (yes/no) _____ Are the Cash Sales Invoiced (yes/no) _____

Detail any changes in activity or source of income:

Rental: New Lease Agreement & Damage Deposit Information:

Other income (please indicate source) _____

Have you included invoices? (yes/no) _____

Have you included invoices not collected at yearend? (yes/no) _____

Do you use Paypal? _____ Square? _____

Other Programs/ Services for invoicing? (Please Describe) _____

Is that information included? (yes/no) _____



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GST

GST # _____

GST/HST collected on sales? (yes/no) _____

Are you using the GST Quick Method? (yes/no) _____

Have you filed your own GST? (yes/no) _____

Have you included a copy of your GST return? (yes/no) _____

Do you require help with your GST filing (yes/no) _____

EXPENSES

Have you included receipts for:

- | | |
|--|---|
| <input type="checkbox"/> Telephone (See note 1) | <input type="checkbox"/> Supplemental health insurance premiums |
| <input type="checkbox"/> Internet and network services | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Home office (See note 2) | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Incorporation Costs | |

Note 1: Include telephone charges for a separate business or fax line and business related long distance charges and business cell phone bills.

Note 2: Home office expenses include such things as utility bills, insurance, mortgage interest, Improvements.

WORK SPACE IN THE HOME: (provide total expenses – do not prorate)

Office area (square footage) _____

Total area (square footage) _____

Please provide spreadsheet with details or receipts. (Circle one)



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PURCHASE OF ASSETS

Did you purchase any assets since your last year end? *(Please List)*

Receipts Provided: *(yes/no)* _____

OTHER:

Changes in Bank Accounts, Credit Cards, Investments or Loans: *(Please Describe)*

Documentation and/or Statements Provided: *(yes/no)* _____

ADMIN ONLY:

Information Described Above Received: *(yes/no)* _____

Missing: _____

Project Checked In: _____

Partner Assigned: _____

Address and Contact Info Confirmed/ Updated? *(Circle One)*

Due Date / Priority Date: _____

Important Changes Noted in Project Notes: _____

Checked Engagement Letter: _____