



Owner Name:

Company Name:

Address:

UNIT # STREET # STREET CITY PROVINCE POSTAL CODE

SIN#:

DOB:

(MM/DD/YYYY)

Email:

Website:

Phone:

Type of Business:

Business ID: Incorporation #:

CRA Business #:

Ontario Corp.#:

GST Account open date

(MM/DD/YYYY)

Date of Incorporation:

(MM/DD/YYYY)

Corporation Fiscal Year: **From:**

(MM/DD/YYYY)

**To:**

(MM/DD/YYYY)

GST Account #:

Report period:

Do you give permission to All GoodAccounting.com (Sandria Goodall) to be an authorized representative on your CRA account?



Business Services Provided:

### Questions

- Is this your first year of business?
- When was the last time you filed corporate taxes?
- When was the last time you filed Personal taxes?
- Tax period out standing:

- Do you use an accounting system currently?
- If Yes: How do you keep current records?

### PAYROLL:

- Do you have employees?
- If yes: How many?

### BANKING

- Do you have a business bank account?
- How many business bank accounts do you have?
- Do you do personal withdrawals from bank accounts?

### CREDIT CARDS

- Do you have a business credit card?
- If yes how many do you have?

### LOANS AND LINE OF CREDITS:

- Do you have a business loan?
- Do you have a business LOC?



FIXED ASSETS (PROPERTY, PLANT AND EQUIPMENT) DOP:(Date of purchase) (MM/DD/YYYY)

(MM/DD/YYYY)

- ☐ Office Furniture DOP:  Purchase price\$
- ☐ Equipment DOP:  Purchase Price\$
- ☐ Computer DOP:  Purchase Price\$
- ☐ Vehicle DOP:  Purchase Price \$
- ☐  DOP:  Purchase Price \$
- ☐  DOP:  Purchase Price \$
- ☐  DOP:  Purchase Price \$

#### CONFIDENTIALITY STATEMENT:

A clients personal and confidential information, discussed and reported in agreements, tax returns or in any other medium disclosed between All-Good-Accounting.com and client are strictly confidential and are supplied on the understanding that they will be held confidentially and not disclosed to third parties without the prior written consent of

Name of Client (Print)

SIGNATURE:

CUSTOMER (Type in name as signature)

DATE:

(MM/DD/YYYY)

SIGNATURE:

*Salma Houd*

ALLGOODACCOUNTING.COM

DATE:

(MM/DD/YYYY)



Value Added Service: (Office use only)

SERVICE	YES	NO	ADDITIONAL COST
Unlimited Access			
Service guarantee			
Flexible payment terms			
Fixed price			
Change orders			