

HILLTOP

INCOME TAX & BOOKKEEPING SERVICE LTD.

CONSULTATION & BOOKKEEPING REQUEST

Thank you for contacting us. We specialize in bookkeeping for small businesses and we look forward to getting to know your business. To help us get started, please fill out this form and return it to us so that we can best direct our services to meet your needs.

TELL US ABOUT YOUR BUSINESS:

Legal Company Name:

Contact Person(s):

Position/Title:

Street Address:

City, Province, Postal Code:

Phone:

Fax:

E-mail for contact person:

Web-site:

DESCRIBE YOUR BUSINESS AND OPERATING ACTIVITIES:

Is your business a:

New Business

Existing Business

Are you a:

Sole Proprietor

Partnership (Proprietor)

Limited Company

Incorporated Company

Months/Years in Business:

Fiscal Year-End Date:

Last Year-End completed was:

Last Year-End completed by:

Month/Year of latest posted transactions:

Month/Year of last completed tax return:

Who is your current/previous accountant?

Who is your previous bookkeeper?

Reason for leaving previous bookkeeper:

How did you hear about us?

PLEASE INDICATE WHICH SERVICES YOU THINK YOUR BUSINESS NEEDS:

- Business Start-up
- Financial Organization
- Bookkeeping Services
- Tracking Accounts Receivables and/or Payables
- Bank Reconciliations
- HST Remittances
- PST Remittances
- Inventory Control
- Cash Flow Management
- Special Report Requirements
- Payroll Support
- Other:

Number of Employees:

BANKING

Do you have a business bank account: Yes No

If you have more than one, please explain:

Please list any automatic transactions that are posted monthly:

Do you have a business credit card: Yes No

If you have more than one, please explain:

Please list any automatic transactions that are posted monthly:

HOW ARE YOUR SALES HANDLED?

Accounts Receivable Customer Invoices Issued

Post Journal Entries Daily

Post Journal Entries Weekly

Post Journal Entries Monthly

POS/Cash Register Post Journal Entries Daily

Post Journal Entries Weekly

Post Journal Entries Monthly

Sales broken into categories? Yes No

Is HST charged on sales? Yes No

Are you registered for HST? Yes No

HST #:

HST is filed: Monthly Quarterly Annually

HST Remittances Current: Yes No

If no, please provide details:

HOW ARE YOUR EXPENSES HANDLED?

Do you pay your invoices by: (check all that apply)

- Cheque Credit Card Debit Cash Shareholder (personally)

How would you prefer to have your vendor receipts posted:

- Journal Entry: Per receipt OR Monthly Accts. Payable per Vendor

Would you like a list of your expense accounts so you can pre-code all of your payables?

- Yes No

OTHER CONSIDERATIONS

- Business Use of Vehicle Record all auto expenses, adjust at Year-End
- Record _____ % of expenses/HST (balance to shareholders loan)
- Record no expenses until Year-End
- Business Use of Home Record all home expenses, adjustments made at Year-End
- Record _____ % of expenses/HST (balance to shareholders loan)
- Record no expenses until Year-End
- Software to be used: _____ Client data disk/zip drive provided?

PAYROLL

Does your company hire: Employees Sub-Contractors

Number of employees:

Payroll Type: Hourly Salary Commission

Payroll Frequency:

Weekly Bi-Weekly 15th/30th Monthly Advances

Payroll Payable:

Same Day 1 Day 2 Days 5 Days Other

Do you have a benefits plan? Yes No

Vacation Payable: Retained Paid out

Stat Holidays are: Calculated based on prior work history

Paid out at an even 8 hours

Do your employees ever work overtime? Yes No

If yes, please provide details:

Compensation for Overtime: Time & ½ Banked Hours Averaging Agreement

Client will provide timesheets by: E-mail Fax Mail Phone

Payroll Filed:

Accelerated (5th & 10th) Monthly BY: Bookkeeper Client

Payroll Remittances Current: Yes No

If no, please provide details:

PAYROLL CONT'D

WCB #:

WCB filed by: Bookkeeper Client

WCB Labour Report Current: Yes No (Typically completed annually.)

If no, please provide details:

T4's to be completed by PCB: Yes No

T5018's to be completed by PCB: Yes No

TD1 forms are current and included for each employee: Yes No

Payroll Notes:

HOW WE WILL WORK TOGETHER:

Financials to be issued:

Monthly Quarterly Semi-Annually Annually

Paperwork and data files:

Client drops off We pick up

Bookkeeping to be completed at: Our Office Client Office

Bookkeeping files to be kept at: Our Office Client Office

PLEASE DESCRIBE ADDITIONAL REQUIREMENTS YOU MAY HAVE:

NAME THREE AREAS IN WHICH YOUR CURRENT BOOKKEEPING REQUIRES IMPROVEMENT:

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR BUSINESS?

WHEN WOULD YOU LIKE TO GET STARTED?

CONFIDENTIAL