AH Accounting Services

NEW CLIENT INTAKE FORM

Confidential · www.ahaccountingservices.ca

Please complete all fields below. Your information is kept strictly confidential.

1 — CONTACT INFORMATION

First Name *

Last Name *

Phone Number *

Email Address *

Street Address

City

Province / Territory

Postal Code

Preferred Contact Method

Best Time to Reach You

2 — BUSINESS INFORMATION

Business / Operating Name (if applicable)

Legal Business Structure

Industry / Type of Business

Business Number (BN) — CRA

GST / HST Registration Number

Province of Registration

Year Established

No. of Employees

Annual Revenue (approx.)

Fiscal Year End

3 — CRA & TAX INFORMATION

Registered for GST / HST?

○ Yes ○ No ○ Not Sure

GST / HST Filing Frequency

Payroll Remittance Frequency

Do you have employees / run payroll?

- ○ Yes
- ○ No

Last Year Taxes Were Filed

Primary Bank

4 — SERVICES NEEDED (SELECT ALL THAT APPLY)

- ☐ Monthly Bookkeeping
- ☐ Accounts Payable / Receivable
- ☐ Bank Reconciliation
- ☐ Payroll Processing
- ☐ T4 / T4A Preparation
- ☐ GST / HST Filing
- ☐ Corporate Tax Return (T2)
- ☐ Personal Tax Return (T1)
- ☐ Financial Statements
- ☐ QuickBooks Setup / Clean-Up
- ☐ Catch-Up Bookkeeping
- ☐ CRA Correspondence

5 — CURRENT ACCOUNTING SETUP

Accounting Software Currently Used

How Are Books Currently Maintained?

Are your books current or do they need catch-up work?

- ○ Books are current
- ○ A few months behind
- ○ A year or more behind
- ○ Not sure

6 — BANKING & ACCOUNTS

No. of Bank Accounts

No. of Credit Card Accounts

Payment Processor

Do you accept credit card payments?

- ○ Yes
- ○ No

7 — GOALS & ADDITIONAL INFORMATION

How did you hear about AH Accounting Services?

8 — AUTHORIZATION & SIGNATURE

By signing below, I confirm the information provided is accurate and complete to the best of my knowledge. I authorize AH Accounting Services to use this information to evaluate and provide bookkeeping services on my behalf. Personal information is collected in accordance with PIPEDA and applicable provincial privacy legislation.

Printed Full Name *

Date *

Client Signature *