

NUANS Order #: \_\_\_\_\_

Articles Order #: \_\_\_\_\_



Accounting · Tax Advisory · Consulting · Private Clients

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## Client Intake Form - Corporation Registration

Meeting Date: \_\_\_\_\_ ID Copy: Yes / No

### Client Information:

New corporation  Existing corporation

Client Name: \_\_\_\_\_ M / F / N

Corporation Category:  general  holdings  subcontractor  
 professional  NPO

Proposed Name: \_\_\_\_\_

Business Operations: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

Registered Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

### Directors / Shareholders Information:

#### Number of Directors?

Name 1: \_\_\_\_\_ Share %age: \_\_\_\_\_

Address: \_\_\_\_\_

Resident? Yes / No Date of Birth: \_\_\_\_\_ SIN: \_\_\_\_\_

Name 2: \_\_\_\_\_ Share %age: \_\_\_\_\_

Address: \_\_\_\_\_

Resident? Yes / No Date of Birth: \_\_\_\_\_ SIN: \_\_\_\_\_

Name 3: \_\_\_\_\_ Share %age: \_\_\_\_\_

Address: \_\_\_\_\_

Resident? Yes / No Date of Birth: \_\_\_\_\_ SIN: \_\_\_\_\_

### Officers Information

President: \_\_\_\_\_

Secretary: \_\_\_\_\_

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**HST Info:**

HST Registration / Method:  not registered  registered regular  
 not registered exempt  registered election 74  
 registered zero rated

If registered:

HST Return Frequency:  N/A  quarterly  annual Revenue: \_\_\_\_\_

**Payroll Info:**

Status:  not registered  registered

If registered:

Payroll Frequency:  N/A  monthly  annual  
Payroll Remittance:  N/A  monthly  client responsibility

**Other Items:**

Services that we will provide (check all that apply):

accounting services  payroll run  T1135  
 accounting services yearend only  payroll remittance  UHT return  
 financial statements compilation  T4s (RP0001)  US 1120F  
 corporation tax return  T4As (RP0001)  
 HST return  T5s (RZ0001)

Client has been advised to authorize us as the corporation's accountants with CRA  
 Client has been advised to open 1 bank account and 1 credit card account (max)  
 Client has been advised to prepare / complete expenses worksheet annually (where applicable)

Fiscal Year End: \_\_\_\_\_

Client Bank: \_\_\_\_\_

Notes: \_\_\_\_\_

**Copies of Permanent Records for Existing Corporation Only (Admin File)**

Certificate and articles of incorporation  Corporation key or copy of form 1  
 Register (directors, officers, shareholders)  Master business licence (MBL) if issued  
 CRA business number notice or call CRA  Ontario corporation number if a federal corporation

**New Client Acceptance Checklist (FOR OFFICE USE ONLY)**

Have we made initial assessment to move forward with further screening? Yes / No / N/A  
Has client integrity and reputation / image been considered? Yes / No / N/A  
Have we considered the need to contact prior accountants? Yes / No / N/A  
Has the client's business acumen been considered? Yes / No / N/A  
Do we have internal competence to perform engagement? Yes / No / N/A  
Do we have internal resources to complete and deliver work on time? Yes / No / N/A  
Are there any significant threats to independence? Yes / No / N/A  
Is our firm free of any conflicts of interest with the client? Yes / No / N/A  
Are there any issues to the collection of professional fees? Yes / No / N/A  
Decision made to accept or decline client: Accept / Decline