

Your business is our Business

Use this envelope to collect your necessary documents for banking or bookkeeping purposes.

file information

Filename _____

Alternate Name(s) _____

Associated File(s) _____

Federal ID# (BNN) _____

or social ins # of contact person, if BNN unavailable

Corporate Provincial Certificate ID or Social Ins # _____

Mail Address _____

Location Address _____

Contact Numbers _____

Contact Persons / Phone Numbers _____

information required when seeking new services

Articles of Incorporation / Business Agrmts

Business License

Company's Legal Entity Verified

Federal Business Number (bnn)

Financial papers for fiscal period

Identification on Account contacts -1 with Picture

Previous Account Details with Location

Previous Years Financial Reports

Previous Years Tax Return

Provincial Registration of Company - if applicable

Records & Books Compiled to Year end Totals

Shareholders / Owner / Directors List

Shares - Owners Agreements

Social Insurance Number of Account Contact

Trade name certificate - if applicable

Year end checklist on Financials

Signatures required on our forms regarding:

Details on who are alternate contacts on file

Federal Govm't authorization-RC59

Provincial Government authorization

Contact Details & signature record

for account (# of individuals)

Witness Account signature by our Service Provider

bank bookkeeping tax

FOR OFFICE PROCESSING:

Dropped off by: _____ date received: _____

Completion/contact/date expected appointment date scheduled Date & Time: _____ for who: _____

Service Request	Bookkeeping <input type="checkbox"/>	Form: Fill in <input type="checkbox"/> Create <input type="checkbox"/> Read <input type="checkbox"/>	Payroll Pay Period dates <input type="checkbox"/> from _____ to _____	Remittances For: GST <input type="checkbox"/> Payroll <input type="checkbox"/> Business Taxes <input type="checkbox"/> Personal Taxes <input type="checkbox"/>	Taxes Prepared: Business <input type="checkbox"/> Personal <input type="checkbox"/>	See Details Attached <input type="checkbox"/>	Contact Required with: Bank <input type="checkbox"/> Government <input type="checkbox"/> WCB <input type="checkbox"/> Other: _____
	Year: _____			Business Taxes <input type="checkbox"/>	Year: _____		by: Mail <input type="checkbox"/> Phone <input type="checkbox"/>