

# New Business Client Form (SOLE PROPRIETOR)

Operating name, if different from individual name:

Do you have a Master Business License?

	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If YES, what is the registration date?

If NO, would you like to register with the Ministry?

--	--

Business number

--	--

 HST Registered  Yes  No

 If YES, indicate the filing period  Annually  Quarterly  Monthly

Effective date of registration

HST filing year-end

--	--

 Would Numeracy Accounting be filing HST return?  
 Yes  No

 If NO, would you like to learn about the benefits?  Yes  No

 Do you have a payroll account?  Yes  No

 Would Numeracy Accounting be running payroll for the business?  
 Yes  No

If YES, how many employees:

 Would Numeracy Accounting be preparing T4s and T4 Summary?  
 Yes  No

 Does the business have subcontractors:  Yes  No

 Does the business have a separate bank Act/CC/LOC:  Yes  No

 Do you have a business telephone/cell phone?  Yes  No

If yes, please provide the details:

PROVIDER	ACCOUNT NUMBER	PERCENTAGE USED FOR BUSINESS

 Is this a partnership?  Yes  No

If yes, please provide information on your partners

FULL NAME	% OF OWNERSHIP	SIN

Describe the main activities of the business:

MAIN ACTIVITIES	HST TAXABLE	PERCENTAGE

Do you have a home office?

 Yes  No

If yes, Total square ft. \_\_\_\_\_ Business use \_\_\_\_\_

Are there any vehicles used for business?

 Yes  No

If Yes, please provide bill of Sale

YEAR	MAKE	MODEL	OWNED	LEASED	FINANCED

Notes:
