

## New Business Client Form (CORPORATION)

Legal name of the corporation		Registration type			
		🗆 Federal 🛛 🗆 Provincial			
Operating name, if different from legal name	Date of incorporation	Corpora	te fiscal year end		
Provincial corporation number		Business number (RC)			
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?		If NO, would you like to learn about the benefits? $\Box$ Yes $\Box$ No			
Do you have a payroll account?	P 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? $\Box$ Yes $\Box$ No			
Does the business have subcontractors:	□ Yes □ No				
Please list the corporation partners:					
FULL NAME	% OF OWNERSHIP	EMAIL	COMPANY TITLE		
Describe the main activities of the business:					
MAIN ACTIVITIES		PERCENTAGE			

## **Business information:**

Does the business operate an office out of the home?	n Yes n No	If yes, indicate total sq ft of home:
Address:		
Do you have a secondary location?	🗆 Yes 🗆 No	Indicate total sq ft of office:
Address:		

## Please list any bank account that the corporation owns:

INSTITUTION	ACCOUNT NUMBER	CHQ / SAV / CC / LOC		

Does the corporation OWN / LEASE / FINANCE a vehicle?	🗆 Yes 🗆 No	
If NO, provide business km driven on personal vehicle(s)	km	If YES, provide bill of sale.

YEAR	MAKE	MODEL	OWNED	LEASED	FINANCED

\*Please provide Articles of Incorporation and last filed Corporate Tax return (T2)\*