

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
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If YES, what is the registration date?

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

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Business number

HST Registered <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, indicate the filing period <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

Effective date of registration

HST filing year-end

Would Numeracy Accounting be filing HST return? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, would you like to learn about the benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a payroll account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would Numeracy Accounting be running payroll for the business? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, how many employees:	Would Numeracy Accounting be preparing T4s and T4 Summary? <input type="checkbox"/> Yes <input type="checkbox"/> 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:
