

# New Business Client Intake Form

**Date:**

**Entity Type**

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole-Proprietor	<input type="checkbox"/> Not-For-Profit	<input type="checkbox"/> Estate	<input type="checkbox"/> Trust	<input type="checkbox"/> Other
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**General Information**

<b>Business Name:</b>	Fiscal Year End Date:
	CRA Business #:
	Date Created:

Physical Address:

City:	Province:	Postal Code:
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Mailing Address (if different from above):

City	Province:	Postal Code:
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Main Phone:	Email:
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**Main Contact Name:**

Title:	Email:
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Work Phone:	Cell Phone:
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**Shareholder/Partner/Officer/Trustee Information**

Name	Title	Ownership %	Phone	Email	SIN # or BN#

**Business Affiliates Information**

Name of related company	Type of relationship	Fiscal year-end	CRA Business number

**Professional Advisors (Name, Firm, Phone, Email)**

	Name	Firm	Phone	Email
Lawyer:				
Banker:				
Insurance:				
Bookkeeper:				
Previous Accountant:				

Have you informed your previous Accountant you are meeting with us? Yes  No

Do you have an outstanding balance with your previous Accountant? Yes  No

**Services**

How did you learn about ZKA?

Is there a specific reason for which you contacting us? What are your company concerns and expectations from ZKA?

What Services are you interested in? What frequency?		X- if applies	Bi-weekly	Semi-mthly	Mthly	Qrtly	Yearly
Bookkeeping	data entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	interim financial statement report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	GST services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PST services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RST services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payroll	Payroll calculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PD7A preparation and filing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	EHT – Employer Health Tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	T4/T4A Summaries and supplementaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WCB preparation and filing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	T5 Summaries and supplementaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	T5018 Statement of Contract Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NR4 Statement of amounts paid to Non-Residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Financial Statements	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corporate Tax Return – Federal, including the province	<input type="checkbox"/>					<input type="checkbox"/>	
Year-end Engagement	BC <input type="checkbox"/> AB <input type="checkbox"/> ON <input type="checkbox"/> SK <input type="checkbox"/> Other (Specify) <input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
	Tax planning - corporate	<input type="checkbox"/>					<input type="checkbox"/>
	Logging Tax Return	<input type="checkbox"/>					<input type="checkbox"/>
	Non-Profit Return (T1044)	<input type="checkbox"/>					<input type="checkbox"/>
	Charity Return (T3010)	<input type="checkbox"/>					<input type="checkbox"/>
	Foreign Income Verification Statement (T1135/t1134)	<input type="checkbox"/>					<input type="checkbox"/>
	T2 ONLY Engagement	<input type="checkbox"/>					<input type="checkbox"/>
	Partnership Tax Return (T5013)	<input type="checkbox"/>					<input type="checkbox"/>
	Trust Return	<input type="checkbox"/>					<input type="checkbox"/>

What Services are you interested in? What frequency? (continued)		X- if applies	Bi-weekly	Semi-monthly	Mthly	Qrtly	Yearly
Specialized Professional Services	Succession planning	<input type="checkbox"/>					<input type="checkbox"/>
	New business set-up or incorporation	<input type="checkbox"/>					<input type="checkbox"/>
	Mergers / acquisitions	<input type="checkbox"/>					<input type="checkbox"/>
	Sale of business	<input type="checkbox"/>					<input type="checkbox"/>
	Controllership	<input type="checkbox"/>					<input type="checkbox"/>
	Strategic Planning / Budgeting	<input type="checkbox"/>					<input type="checkbox"/>
	Capital Dividend Election	<input type="checkbox"/>					<input type="checkbox"/>
	Section 85 Rollover	<input type="checkbox"/>					<input type="checkbox"/>
	COVID related subsidies	<input type="checkbox"/>					<input type="checkbox"/>
	Reorganization / corporate restructuring	<input type="checkbox"/>					<input type="checkbox"/>
	Special Trust Audit	<input type="checkbox"/>					<input type="checkbox"/>
	SR&ED Scientific Research and Experimental Devel. Tax	<input type="checkbox"/>					<input type="checkbox"/>
	Other (explain)	<input type="checkbox"/>					<input type="checkbox"/>
	Other (explain)	<input type="checkbox"/>					<input type="checkbox"/>
Other (explain)	<input type="checkbox"/>					<input type="checkbox"/>	

What accounting system do you currently use in your business?

Are you happy with your current accounting system? *Why or why not? (eg. Does it give you information to help manage your business and maximize profits?)*

Please list any other items that you feel strongly about that we have not covered in this questionnaire:

**Information required**

Client documents: <i>(Please provide as many documents as available)</i>		Comments
Client intake form	<input type="checkbox"/>	
Copies of prior 3 years of tax returns	<input type="checkbox"/>	
Copies of prior 3 years of financial statements	<input type="checkbox"/>	
Copies of any notices received from CRA or other taxing agencies	<input type="checkbox"/>	
Copies of incorporation documents	<input type="checkbox"/>	
Copies of most recent personal tax returns	<input type="checkbox"/>	
Other information considered necessary (specify if necessary)	<input type="checkbox"/>	

<b>ZKA onboarding documents:</b> (Please return signed back to our office)	<b>Specify If multiple organizations</b>				
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Accepted client portal invite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engagement letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRA authorization letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takeover Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (define)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Information**

**Fees:**