## EXISITING CLIENT CORPORATE INCOME TAX RETURN INFORMATION

CHECKLIST: for the fiscal year ending _					
1. General Information:					
	Name				
Corporation Name					
Operating As					
Business Number					
2. Changes in Contact Information.					
2. Changes in Contact Information:			Phone	. #	
		Office	T HOHE	· π	
Address		Fax			
		Cell			
Email		Website			
Lindii		Website			_
3. Changes in Corporate Structure:					
Was there a change in shareholdings?					
		□ Y	es	☐ No	
Was there a change to directors?					
•		□ Y	es	☐ No	
Was there a change to assoicated/related compan	ies?	□ Y	es	☐ No	
			es		
Provide all relevent details:					
				_	
				_	
				_	
3. Current Year Information:					
A back-up or accountants copy of your current Quid	ckBooks or				
Simply Accounting file.			Yes		] No
If not utilizing one of the accounting packages above	ve please				
f not utilizing one of the accounting packages above, please contact our office to determine the appropriate information		Yes		] No	
requirements.		_		_	
Copies of the last bank statement of the fiscal year	, and the				
first bank statement of the following month.		Yes		] No	
Capy of the bank reconciliation as at the year and	data			_	
Copy of the bank reconciliation as at the year end	Jale.	П	Yes		] No
			. 00		
Listing of any new prepaid deposits at the fiscal year	ar end.				
(i.e. rent, utilities)			Yes		] No
Listing of inventory as of the fiscal year end (if any)	along with				
valuations at cost and notes regarding any potentia					
downs to fair market value.	Ц	Yes		No	

## 3. Current Year Information Con't:

	ear information con t				
Listing of fixed asset additions and disposals by class: i.e. computer equipment, software, office furniture, vehicles.			Yes	□ No	
Leases - cop	oies of all new leases in	effect.		Yes	□ No
Copies of ne	w bank financing agree	ments.		Yes	□ No
Copies of an	y other new loan agree	ments.		Yes	□ No
Copies of T-	4 summaries.			Yes	□ No
any payroll v	vithholdings, including the remittan	rms to Revenue Canada of ne remittance following the nce for the final month of		Yes	□ No
GST/HST ta	e remittance forms to R xes owing including the scal year end.	evenue Canada of any first remittance after the		Yes	□ No
	SIB remittances includi I of the fiscal year end.	ng the first remittance		Yes	□ No
Copies of W	SIB and EHT statemen	ts of account.		Yes	□ No
Listing of any deposits received from customers as of the fiscal year end.			Yes	□ No	
Dividends or interest paid during the period and a copy of the T-5 summary if applicable.				Yes	□ No
4. Home Off	fice Expenses:				
Did the corporation operate from a home office in the course of conducting its operations and earning income?			Yes	□ No	
If yes,	Was the shareholde office expenses?	r reimbursed for home		Yes	□ No
If yes,	Expense reimburser	ment?		Yes	☐ No
	Rental payment?	\$		Yes	□ No
Please comp	plete the following inforr	nation:			
Area of home used for business: ( sq. feet )  Total area of home: ( sq. Feet )					
	Annual costs	Heat Hydro Insurance Maintenance Mortgage Interest Property taxes	\$ \$ \$ \$ \$ \$		

Please note that some of these items may not apply to your organization. If you are unsure as to which items do not apply, please do not hesitate to contact our office. We will only require information which applies to the current fiscal period, and will not require copies of documents already supplied.