Belliveau Veinotte Inc.
CHARTERED PROFESSIONAL ACCOUNTANTS
Member of The AC Group of Independent Accounting Firms

Prospective Client Intake Form
Corporate

We appreciate your interest in working with Belliveau Veinotte Inc! Please complete the form below to help us learn more about you so we can determine how best to meet your accounting needs.

Contact Details:

First Name _____ Last Name _____

Company Name _____

Email _____ Phone # _____

How did you hear about us:

What type of services are you looking to engage us to perform?

- ☐ Compilation
- ☐ Review
- ☐ Audit
- ☐ NPO or charity return
- ☐ Corporate tax return (T2)
- ☐ HST
- ☐ Bookkeeping
- ☐ Personal tax return (T1)
- ☐ Estate return
- ☐ Trust return
- ☐ Non-resident return
- ☐ Other - Please specify below:

Who was your previous accountant?

Is there a reason you are leaving your previous accountant?

Do you have copy of last financial statements and adjusting journal entries? Please provide a copy along with this completed form.

What is your corporate yearend date?

Are you registered for CRA My Business Account? (Note: in order to service our clients effectively, we will need to be set up as a respresentative via My Business Account)

Do you have any related parties/ companies? How many companies in your Group?

What type of industry does your company operate in?

Do you have any urgent filing requirements? If so, please provide deadline.

Are you up to date on all CRA reporting requirements? (corp tax, HST, payroll)

Do you have a bookkeeper? If not, who prepares the accounting, if any?

What accounting software do you use?

When do you typically have everything ready for accountant to start?

Additional Notes:

(Please provide any further details that you think would be important for us to know below)

Please return by mail to 11 Dominion St. Bridgewater, NS B4V 2J6, in person or by email to *bridgewater@bvca.ca*