



Intake Form:

Business Name:

Contact Name:

Address:

Email Address:

Years of Operation:

Did you have a bookkeeper in the past?

Method of bookkeeping in the past (software):

Is your bookkeeping done up to date?

Do you require catching up?

SERVICES REQUIRED (CHECK BOX):

Payroll Services: Yes No

If Yes: Weekly

Biweekly

Payroll Remittance

HST: Yes No

If Yes: Monthly

Quarterly

Annually

Do you do your own invoicing?

Any special request?