Celestial Accounting Inc.

Bookkeeping Services Intake Form

Client Name:	
Company Name:	
Nature of Business:	
Contact Number:	
Email Address:	
Bookkeeping Software	
Have you done your bookkeeping before?	☐Yes ☐No
Last completed statements date	Date ____/_____/_____ Book Closed? Y ☐/N☐ Tax Year _____
Do you track inventory?	☐Yes ☐No
Number of Bank Accounts and Credit Cards	Bank Account Credit Card
Average Number of Transactions in a month?	☐0 – 15 ☐15 - 50 ☐50 – 100 ☐100 and above
Average Monthly or Annual Revenue?	
Do you use POS or Merchant Services?	
Do you charge GST or PST or Both?	
Are you registered for PST?	PST Number
How do you file PST?	☐Manually ☐Electronically
Are you registered for GST and How do you file?	☐No GST ☐Manually ☐Electronically
Do you have CRA Account access? Personal or Business	☐Yes ☐No

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Do you need Payroll Services and T4s?	Number of employes ☐None ☐0 - 5 ☐5 – 15 ☐15 and above
How do you issue ROE (Record of Employment)?	☐Paper Copy ☐Electronic Copy
Do you have sub-contractors?	If yes, how many?
Are you registered with WorkSafe BC?	If yes, how often do you file? ☐Quarterly ☐Annually
How often do you need to review Financial Reports?	☐Daily ☐Weekly ☐Semi-monthly ☐Monthly ☐Quarterly ☐Annually

Additional Comments: