



T1 Personal T1 Proprietorship T2 Corporate T3 Trust/Estate Bookkeeping Non Resident
 Audit Shield - Year _____ Date of Intake Form (MM/DD/YY) _____

General

ID (SIN/BN) Number: _____ Company Name: _____
Title: _____ Legal First Name: _____ Legal Last Name: _____
Y/E: _____ Website: _____ Industry: _____
Group (Last Name/First/Initial): _____ Client? Disability?
Marital Status: _____ Spouse Name: _____
Type: (Primary/AR/Owner/Child) (MMM/DD/YYYY)
Name: _____ Type: _____ D.O.B _____
Name: _____ Type: _____ D.O.B _____
Name: _____ Type: _____ D.O.B _____

Address (For T2 if no corporate address exists use primary address)

Street: _____ City: _____ State: _____ ZIP: _____
Home Number: (_____) _____ Cell Number: (_____) _____
Email: _____

Admin

Referral: _____ Acquired Date: _____ Document Method: _____
Accountant: _____ Manager/Bookkeeper: _____

Organizations

Bank: _____ Contact: _____ Phone: _____
Lawyer: _____ Contact: _____ Phone: _____
Financial Planner: _____ Contact: _____ Phone: _____
CRA Name: _____ ID: _____ Case: _____ Phone: - _____

Userdefined/Legacy/Custom

AFT: _____ BN: _____ DOB Incorporation: _____
DOD Dissolve: _____ ON Corp Number: _____
Ontario Corp Key: _____ WSIB Account Number: _____
Software: _____ Username: _____ Password: _____

Bank Name: _____
Bank Account Number: _____ Username: _____
Password: _____ Skill Testing Q&A: _____
Credit Card Provider and Number: _____
Credit Card User Name: _____ Credit Card Code: _____

Last Tax Year Filed: _____
Comments: _____