9-250 Bayview Drive, Barrie, ON L4N 4Y8
(705) 735-2550 fax (705) 721-4655
debbie@debbiesitzer.com

Debbie Sitzer Professional Corporation
Chartered Professional Accountant

DSPC

Client Information (Corporate)   **Date of Intake**   ____ / ____ / _____
                                                                          MM   DD   YYYY

Company Name: _____

Operating As _____

Owner/Director Name _____

Date of Incorporation: ____ / ____ / _____   **Year End** _____
                          MM   DD   YYYY

Industry _____ **Business Number:** _____

Ontario Corporation Number: _____

Ontario Corporation Key: _____

Annual Return filed by: Accounting Firm [   ]   Client [   ]   **My Business Account** [Y]   [N]

Lawyer _____ **Law Firm** _____

Business Address

Street Address: _____

City: _____ **Prov:** _____ **Postal code:** _____

Contact Information

Primary Phone Number: _____ Office [   ] Cell [   ]

Email Address: _____

Preferred Method of Contact: ☐ Phone ☐ Email

Banking Information

(Complete this section if we download monthly statements to complete your bookkeeping. We do not require this information otherwise.)

Bank Name: _____

Bank Account Number _____ **Username** _____

Password: _____ **Skill Testing Q&A** _____

Credit Card # _____ **Code** _____

Software _____ **Username** _____ **Password** _____

AFT [   ]   Bookkeeping [   ]   Audit Shield [   ]   T4s [   ]   T5s [   ]   Personal Taxes [   ]

NOTES: _____

Last Year Filed _____   **Slips   T4 [   ]   T4A [   ] T5 [   ] T5018 [   ]**

Referral _____ Group ID _____