



Client Consultation

Thank you for contacting MJE Consulting, please take a moment to complete this form and return it to me. This will help me better understand your business so that I can provide the best service that is required.

TELL US ABOUT YOUR BUSINESS:

Legal Company Name: _____

Contact Person(s): _____

Position/Title: _____

Street Address: _____

City, Province, Postal Code: _____

Phone: _____ Fax: _____

E-mail for contact person: _____

Web-site: _____

DESCRIBE YOUR BUSINESS AND OPERATING ACTIVITIES:

Is your business a:

New Business

Existing Business Business Number _____

Are you a:

Sole Proprietor Partnership (Proprietor) Incorporated Company

Business Start Date: _____

Fiscal Year-End Date: _____

Last Year-End completed was: _____

Describe your business: _____

PLEASE INDICATE WHICH SERVICES YOU THINK YOUR BUSINESS NEEDS:

- Business Start-up
- Incorporation set up
- Financial Organization
- Bookkeeping Services
- Tracking Accounts Receivables and/or Payables
- Bank Reconciliations
- Gov't Remittances
- Inventory Control
- Cash Flow Management
- Special Report Requirements Account Clean Up
- Document Scanning Service
- QuickBooks Training
- Bookkeeping Training
- Troubleshooting
- _____
- Payroll Support Number of Employees: _____
- Other: _____

BANKING

Do you have a business bank account: Yes No

Do you have any more bank accounts that you use for business Yes No

Please list any automatic transactions that are posted monthly on your business account:

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Do you have a business credit card: Yes No

Do you have anymore credit cards that you use for business: Yes No

Please list any automatic transactions that are posted monthly on your credit cards:

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

HOW ARE YOUR SALES HANDLED?

Accounts Receivable Customer Invoices Issued

POS/Cash Register Sales Receipts / Cash

Sales broken into categories? Yes No

Is HST charged on sales? Yes No

Are you registered for HST? Yes No

HST #:

HST Reporting period: Monthly Quarterly Annually

HST Remittances Current: Yes No

HOW ARE YOUR EXPENSES HANDLED?

Do you pay your invoices by: (check all that apply)

Cheque Credit Card Debit Cash Shareholder (personally)

OTHER CONSIDERATIONS

Does the Company own a vehicle? Yes No

PAYROLL

Does your company hire: Employees Sub-Contractors

Number of employees:

Payroll Type: Hourly Salary Commission

Payroll Frequency:

Weekly Bi-Weekly 15th/30th Monthly Advances

Do you have a benefits plan? Yes No

Vacation Payable: Retained Paid out

Stat Holidays are: Calculated based on prior work history

Paid out at regular work day

Do your employees ever work overtime? Yes No

Compensation for Overtime: Time & 1/2 Banked Hours

Client will provide timesheets by: E-mail Fax

Payroll Filed:

Accelerated (5th & 10th) Monthly BY: Bookkeeper Client

Payroll Remittances Current: Yes No

If no, please provide details:

Workers Compensation (Firm #): _____ (NIC Code): _____

WC filed by: Bookkeeper Client

WC Annual Report Current: Yes No (Typically completed annually.)

T4's to be completed by Bookkeeper: Yes No

T5018's to be completed by Bookkeeper: Yes No

TD1 forms are current and included for each employee: Yes No

HOW WE WILL WORK TOGETHER:

Bookkeeping to be prepared:

Monthly Quarterly Semi-Annually Annually

Paperwork and data files:

Client drops off We pick up

Bookkeeping files to be kept at: Our Office Client Office

Do you require Financial Reports Yes No

If yes:

Monthly Quarterly Semi-Annually Annually

Office Use Only: