

**EXITING CLIENT
CORPORATE INCOME TAX RETURN INFORMATION**

CHECKLIST: for the fiscal year ending _____

1. General Information:

Name	
Corporation Name	
Operating As	
Business Number	

2. Changes in Contact Information:

Address		Phone #	
		Office	
		Fax	
		Cell	
Email		Website	

3. Changes in Corporate Structure:

Was there a change in shareholdings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was there a change to directors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was there a change to associated/related companies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide all relevant details:		
_____ _____ _____		

4. Current Year Information:

A back-up or accountants copy of your current QuickBooks or Simply Accounting file.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not utilizing one of the accounting packages above, please contact our office to determine the appropriate information requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of the last bank statement of the fiscal year, and the first bank statement of the following month.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of the bank reconciliation as at the year end date.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Listing of any accounts receivable at the fiscal year end (if any) along with any potential bad debt write-offs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Listing of any new prepaid deposits at the fiscal year end. (i.e. rent, utilities)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Listing of inventory as of the fiscal year end (if any) along with valuations at cost and notes regarding any potential write downs to fair market value.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Current Year Information Con't:

Listing of fixed asset additions and disposals by class: i.e. computer equipment, software, office furniture, vehicles.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Listing of any accounts payable at the fiscal year end (if any) along with any amounts no longer due.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Leases - copies of all new leases in effect.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of new bank financing agreements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of any other new loan agreements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of T-4 summaries.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of the monthly remittance forms to Revenue Canada of any payroll withholdings, including the remittance following the fiscal year end showing the remittance for the final month of the fiscal year.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of the remittance forms to Revenue Canada of any GST/HST taxes owing including the first remittance after the end of the fiscal year end.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of WSIB remittances including the first remittance after the end of the fiscal year end.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of WSIB and EHT statements of account.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Listing of any deposits received from customers as of the fiscal year end.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dividends or interest paid during the period and a copy of the T-5 summary if applicable.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Home Office Expenses:

Did the corporation operate from a home office in the course of conducting its operations and earning income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Was the shareholder reimbursed for home office expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Expense reimbursement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rental payment? \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please complete the following information:		
Area of home used for business: (sq. feet)	_____	
Total area of home: (sq. Feet)	_____	
Annual costs	Heat	\$ _____
	Hydro	\$ _____
	Insurance	\$ _____
	Maintenance	\$ _____
	Mortgage Interest	\$ _____
	Property taxes	\$ _____

Please note that some of these items may not apply to your organization. If you are unsure as to which items do not apply, please do not hesitate to contact our office. We will only require information which applies to the current fiscal period, and will not require copies of documents already supplied.