

## Corporate Tax Interview Checklist

Name of Corporation: \_\_\_\_\_

Operating Name: \_\_\_\_\_

Type of business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business Fax Number: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

Jurisdiction Incorporated Federal Provincial (specify) \_\_\_\_\_

Date of Fiscal Year End: \_\_\_\_\_

Start Date: \_\_\_\_\_

Is this the final year? \_\_\_\_\_

CRA Business Number: \_\_\_\_\_

GST/HST Number \_\_\_\_\_

Provincial Account #1: \_\_\_\_\_

Provincial Account #2: \_\_\_\_\_

Please indicate the returns/filings required:

- NTR & T2** - Notice To Reader Financial Statements & Annual Corporate Income Tax Return
- T4** - Payroll employee filings and employer summary
- WCB** - Annual reporting for WCB
- T5** - Dividends paid by corporation shareholder filings and employer summary
- T5018** - Subcontract payments summary (Construction industry only)
- GST62** - GST return for the reporting period
- Additional filings (please specify): .....

**Shareholder Information**

Name:	SIN#:	% Ownership:	Class of Shares
Other:	SIN#:	% Ownership:	Class of Shares
Other:	SIN#:	% Ownership:	Class of Shares

Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

**Other Corporations:**

**Affiliated With                      Associated with                      Connected to**

If yes to any of the above, list corporations, business numbers, and full address

\_\_\_\_\_

\_\_\_\_\_

Are any of shareholders non-residents?                      Yes  No

If yes, Name: \_\_\_\_\_ % ownership: \_\_\_\_\_

Are the shareholders a public corporation?                      Yes  No

If yes, Name: \_\_\_\_\_ % ownership: \_\_\_\_\_

Has control of the corporation changed during the year?                      Yes  No

If yes, Name: \_\_\_\_\_ % ownership: \_\_\_\_\_

Are total assets of the corporation in excess of \$10 million?                      Yes  No

Has corporation purchased capital assets during the year?                      Yes  No

If yes, list type of asset, date purchased and value.

\_\_\_\_\_

\_\_\_\_\_

Has corporation disposed of capital assets during the year?                      Yes  No

If yes, list type of asset, date sold and proceeds received

\_\_\_\_\_

Is the corporation currently registered for GST? Yes  No

If yes, what are your filing requirements?  Quarterly  Annual

If annual, are you making instalment payments? Yes  No

If yes, total paid for current fiscal year: \$ \_\_\_\_\_.

Is the corporation currently registered for payroll transactions? Yes  No

If yes, how many employees do you currently have on staff? \_\_\_\_\_.

Has the corporation received dividends during the year? Yes  No

If yes, amount and when paid: \_\_\_\_\_.

What software program are you currently using for accounting purposes? \_\_\_\_\_.

### FINANCIAL INFORMATION CHECKLIST:

- Bookkeeping Software (if applicable)
- Balance Sheet
- Income Statement
- Listing of aged receivables / payables
- Bank Statements / cancelled cheques / deposit books
- Bank reconciliations
- GST / PST / WSIB remittance forms
- Prior years tax returns
- All assessment notices from the Federal / Provincial governments
- Record of capital gains deductions previously used
- Listing of any assets purchased during the year with documentation
- Listing of any assets sold during the year with documentation
- Unused loss carry forward information
- Payroll information
- Worksheets / checklists related to home and automobile expenses (see below)
- Record of investments made for the corporation(s)
- Owner-manager compensation structures: instructions re:

Salary: \_\_\_\_\_

Bonus: \_\_\_\_\_

Taxable Benefits: \_\_\_\_\_

Tax Free Benefits: \_\_\_\_\_

Dividends: \_\_\_\_\_

Shareholder loan account management: \_\_\_\_\_

RRSP History: \_\_\_\_\_

TFSA/RESP/RDSP Planning \_\_\_\_\_

Individual Income Splitting Opportunities \_\_\_\_\_

Family Trust Details \_\_\_\_\_

## RESTRICTED EXPENSE LOG

### Home Office Expenses:

If you are using a portion of your home as an office, a prorated amount may be claimed for corporate tax purposes.

### Please complete the information below:

Total square footage of home: \_\_\_\_\_.

Total used for home office: \_\_\_\_\_.

<b>Expenses</b>	<b>Total for Year</b>
Heat	\$_____.
Hydro	\$_____.
Water	\$_____.
Insurance	\$_____.
Maintenance repairs	\$_____.
Mortgage Interest	\$_____.
Property Taxes	\$_____.

### Automobile Expenses:

Year/Make of Car: \_\_\_\_\_.

Purchase Price: \$\_\_\_\_\_.

Year Purchased: \_\_\_\_\_.

Total Kilometers Driven in Year: \_\_\_\_\_.

Business or Employment Use %: \_\_\_\_\_.

### Expenses Total for Year

Fuel \$\_\_\_\_\_.

Repairs \$\_\_\_\_\_.

Insurance \$\_\_\_\_\_.

Licensing \$\_\_\_\_\_.

Loan interest \$\_\_\_\_\_.

Lease Payments \$\_\_\_\_\_.

Other Expenses: (Description and Amount)

\_\_\_\_\_ \$\_\_\_\_\_.

\_\_\_\_\_ \$\_\_\_\_\_.

### Other information

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