

**MORRISON DOM & ASSOCIATES LTD.**  
**NEW CLIENT INFORMATION FORM**

Name of Corporation:			
What Does the Corporation Do?			
Mailing Address (on file with CRA):			
Business #		Year End Date:	
Incorporation Number:		Incorporation Date:	
Name(s) of Shareholder(s):		SIN:	DOB:
Home Address:		Phone Number:	
Number and Share Class Owned:		Email:	
Name(s) of Shareholder(s):		SIN:	DOB:
Home Address:		Phone Number:	
Number and Share Class Owned:		Email:	
Name(s) of Shareholder(s):		SIN:	DOB:
Home Address:		Phone Number:	
Number and Share Class Owned:		Email:	
Director(s) as on file with CRA:			
Associated Corporations:		BN:	
(owned and controlled by the same person or group of persons)			
Related Corporations:		BN:	
(owned by persons that you are related to and with whom you also do business)			
Minutes Book is Kept With?	Owner:	Lawyer:	
Accounting Software?			
Do you have an internal bookkeeper?      Y / N			
(If yes, please provide their contact information):			
Please indicate who will prepare the following:			
	Self	Bookkeeper	Morrison Dom
Bookkeeping	_____	_____	_____
GST	_____	_____	_____
Please indicate if GST is filed:	Monthly / Quarterly / Annually?		
PST:	_____	_____	_____
Payroll:	_____	_____	_____
T-4/T-5:	_____	_____	_____
WCB:	_____	_____	_____
Please indicate if WCB is filed:	Quarterly / Annually?		
T5018:	_____	_____	_____
T-1 Tax Returns:	_____	_____	_____
Does the Company own more than \$100,000 in Foreign Investments?		Y / N	
Do you or your spouse own more than \$100,000 in Foreign Investments?		Y / N	
Do you have corporate paid life insurance?		Y / N	
Please provide the following:			
Previous Year T-2 (Corporate Tax Return)			
Previous Year T-1 (Personal Tax Return for all Shareholders and Spouses)			
Minutes Book or Copy of Certificate of Incorporation; Shareholder Register; Last Annual Report Filed;			
Life Insurance Policies			