

BUSINESS INVOLVEMENT FORM**CORPORATE NAME:** _____**OPERATING NAME:** _____**CORPORATE ADDRESS:** _____**DESCRIPTION / ACTIVITY:** _____

Date of Incorporation: _____

Date Ceased Operations: _____

Directors / Officers	% of Shares	Tel #	E-Mail
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- (a)
- (b)
- (c)

Corporate Accountant:	Tel#	E-Mail:
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Financial Statements last prepared: _____

Location of Books and Records: _____

Equipment Leases: _____

Accounts Receivable: _____

Inventory & Equipment: _____

Property Lease: _____

Federal & Provincial Government Liability: Require Amount Owed, with Account Numbers

(a)	HST	(b)	Employee Source Deductions	(c)	Corporate Taxes
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(d)	Health Tax	(e)	WSIB	(f)	Business Tax, Municipal Tax
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