



**SCHEDULE OF SERVICES AND FEES**

**ENTITY STRUCTURE - Please check one of the following** (\*Please complete Appendix I-C attached)

<sup>\*NEW EST.</sup> Proprietorship  
  <sup>\*NEW EST.</sup> Partnership  
  <sup>\*NEW EST.</sup> Incorporated  
  <sup>\*NEW EST.</sup> Not for Profit  
  <sup>\*NEW EST.</sup> Charitable

**SECTION A - BOOKKEEPING**

**How Often Books are Required:**    Yearly    Half Yearly    Quarterly    Monthly    Weekly   
**Bookkeeping Method:**                Cash     Accrual   
**Coding and Allocation of Accounting Entries:**    Client will perform?    Yes                     No

**GENERAL ACCOUNTING RECORDS TO BE PROVIDED**

DESCRIPTION	Avg. Mthly Vol.	CHARGE
<input type="checkbox"/> Income Journal which includes:		
a - sales	_____	\$ _____
b - cash receipts	_____	_____
c - bank receipts	_____	_____
<input type="checkbox"/> Expense Journal which includes the following:		
a - purchases	_____	_____
b - cash disbursements	_____	_____
c - bank disbursements	_____	_____
<input type="checkbox"/> General Journal	_____	_____
<input type="checkbox"/> Accounts Receivable Subledger	Approx. # of A/C _____	_____
<input type="checkbox"/> Accounts Receiv. Aged Trial Bal.	_____	_____
<input type="checkbox"/> Customer List	_____	_____
<input type="checkbox"/> Accounts Receivable Statements	_____	_____
<input type="checkbox"/> Accounts Payable Subledger	_____	_____
<input type="checkbox"/> Accounts Payable Aged Trial Bal.	_____	_____
<input type="checkbox"/> Supplier's List	_____	_____
<input type="checkbox"/> General Ledger -	_____	_____
<input type="checkbox"/> General Ledger Trial Balance	_____	_____
<b>Other Services to be Performed</b>		
<input type="checkbox"/> Preparation of Bank Reconciliations	_____	_____
<b>TOTAL (A) (ENTER THIS FIGURE ON PG 4)</b>		\$ _____

**SECTION B - ACCOUNTING AND TAXATION FEES - YEARLY**

	COST
<input type="checkbox"/> Year-end closing	\$ _____
<input type="checkbox"/> Financial statements	_____
<input type="checkbox"/> Fed. Corp. Tax Return	_____
<input type="checkbox"/> Prov. Corp. Tax Return	_____
<input type="checkbox"/> Personal Income Tax Return for owners or shareholders # of Returns _____	_____
<b>TOTAL (B) (ENTER THIS FIGURE ON PG 4)</b>	\$ _____



**SECTION C - ADMINISTRATIVE SERVICES (PLEASE CHECK SERVICES REQUIRED)**

Description	#of Trans./Returns	Freq. of Trans./Returns	\$ per Trans/Returns	Total Cost
<input type="checkbox"/> Payroll	_____	_____	\$ _____	\$ _____
<input type="checkbox"/> Payroll remittances to Rev. Canada.	_____	_____	_____	_____
<input type="checkbox"/> P.S.T. Return	_____	_____	_____	_____
<input type="checkbox"/> G.S.T. Return	_____	_____	_____	_____
<input type="checkbox"/> Cheques to suppliers	_____	_____	_____	_____
<input type="checkbox"/> T-4's	_____	_____	_____	_____
<input type="checkbox"/> Gas Rebate	_____	_____	_____	_____
<input type="checkbox"/> W.C.B.	_____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL (C)</b> (ENTER THIS FIGURE ON PG. 4)	_____	_____	_____	_____

**SECTION D - SPECIALIZED ACCOUNTING RECORDS AND REPORTS (PLEASE CHECK SERVICES REQUIRED)**

<input type="checkbox"/> Job Costing	_____	\$ _____
<input type="checkbox"/> Sales Management Reports with Comparisons to Prior Year or Plan	_____	_____
<input type="checkbox"/> Sales Commission Reports	_____	_____
<input type="checkbox"/> Cash Flow Projection - How often _____	_____	_____
<input type="checkbox"/> Profit Projections - How often _____	_____	_____
<b>TOTAL (D)</b> (ENTER THIS FIGURE ON PG. 4)	_____	\$ _____

**SECTION E - OTHER ONE-TIME FEES**

CONSULTING, MEETINGS AND SPECIAL SERVICES: Fees for these services are determined by the work and the time involved.

Services required:	Charge
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>TOTAL</b>	_____