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Ontario Incorporation Packages						
		Basic	Er	nhanced		
Mandatory Services						
Certificate of Incorporation		Χ		X		
Articles of Incorporation		X		X		
Ontario Government Fee (\$300 included)		X		Х		
Electronic filing the incorporation (\$55 included)		Х		Х		
Optional Services						
Form 1 Initial Return has to be sent to Ministry of Finance				Х		
Applications to open Gov't accounts (HST, Payroll, Im/Ex)				Х		
Minute Book with resolutions, ledgers,				Χ		
By-Law and Share Certificates				Χ		
Sub-Total	\$	500.00	\$	600.00		
HST	\$	65.00	\$	78.00		
Numbered corporation Total	\$	565.00	\$	678.00		
NUANS® Name Reservation and Searches (extra if you need named company)			\$120 + HST = \$135.60			
Named corporation Total	\$	700.60	\$	813.60		

e. info@skaccounting.ca		NUANS® Name Reservation and Searches (extra if you need named company) \$120 + HST = \$135.60				
w. www.skacco	ounting.ca		Named corporation Total \$ 700.60 \$ 813.60			
Basic or Enhanced package						
Incorporation Name: (If numbered corporation, please indicate "Numbered" in Choice #1)						
Choice #1:						
Choice #2:						
Specify ending as	"Inc." "Ltd."	"Corp." "Incorporated"	"Limited" "Corporation"			
If require a division under the corporation, please provide Operating As, Trading As or Doing Business As Name: (\$100.00 + HST)						
Describe the business you will be doing with this corporation:						
Business Addres	ss.		Desired Year End:			
Address	<del>,,,,</del>					
Suite Number	City	W.				
Province						
	POS	stal Code				
Telephone #		Fax #				
1st Director	and Shareholder? Yes	No If yes, please indicate	% Resident Canadian? Yes No			
Last Name			SIN #			
Given Name			(Please provide SIN if you need HST account)			
Address			Suite #			
City		Province	Postal Code			
Bus#		Cell#				
E-Mail Address:						
Signature: Date of Birth:						
Officer Position:	Description No. 200 Description (	O	D D M M Y Y Y Y			
		Secretary Treasurer General Manag				
2nd Director	and Shareholder? Yes	No If yes, please indicate	% Resident Canadian? Yes No			
Last Name			SIN #       -     -			
Given Name			(Please provide SIN if you need HST account)			
Address			Suite #			
City		Province	Postal Code			
Bus #		Cell #				
E-Mail Address:						
Signature:			Date of Birth:			
Officer Position:	President Vice-President S	Secretary Treasurer General Manag				
Y N HST No. Y N Payroll Y N Import/ Export No. Y N WSIB \$50 extra to open (HST, Payroll, WSIB accounts) if you go with basic package.						
Proposed Bank To Be Used:  Address:						
		, tadi 555.				