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Ontario Incorporation Packages						
		Basic	Er	hanced		
Mandatory Services						
Certificate of Incorporation		Χ		X		
Articles of Incorporation		X		Χ		
Ontario Government Fee (\$300 included)		X		X		
Electronic filing the incorporation (\$55 included)		Χ		X		
Optional Services						
Form 1 Initial Return has to be sent to Ministry of Finance				Χ		
Applications to open Gov't accounts (HST, Payroll, Im/Ex)				Χ		
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		
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e. imowskaccounting.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." "	"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:  Desired Year End:						
Business Addres	SS:		D D M M			
Address	<del></del>					
Suite Number	City	1				
Province		stal Code				
	Pos					
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: Date of Birth:						
Officer Position:	President Vice-President S	T	D D M M Y Y Y Y  ger Signing Officer Other			
		Secretary Treasurer General Mana				
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:						
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