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PERSONAL INFORMATION				
Last Name	First Name	Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female	Canadian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Street Address		Years at this address:	Birth Date	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
City	Province	Postal Code	Home Phone	
Work Phone	Preferred phone number to contact you Best time to call:		E-Mail Address	

EDUCATION		
High School Name & Location Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	College / University Name & Location Major: Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trade / Correspondence School Name & Location Major: Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Education (type of school, field of study, number of years, degree obtained)		
Professional Designation <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:		

EMPLOYMENT RECORD (Last three positions held)				
Firm Name	Address	Position Held	Dates held	Annual Income
If Married, Spouse's Occupation		How long?	Annual Income:	

PERSONAL REFERENCES		
Name	Address	Phone

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BUSINESS REFERENCES		
Name	Address	Phone

ADDITIONAL INFORMATION	
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any offense (including misdemeanors) for which you were fined \$200 or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now or have you ever been party to any lawsuit either as a defendant or a plaintiff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any company you have owned or managed ever filed bankruptcy, reorganized due to insolvency, gone out of business, or comprised a debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any contingent liabilities for guarantees, endorsements, lease, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any unfiled or unpaid personal, business or payroll tax returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to any of the above questions or if there is any other information you believe is pertinent to your experience, background, or knowledge not already covered in this profile, please explain on a separate attachment, and include with this form.	

PERSONAL FINANCIAL STATEMENT			
Cash in Chequing*	\$ _____	Notes	\$ _____
Cash in Savings*	\$ _____	Charge Accounts	\$ _____
Real Estate (home)	\$ _____	Judgements	\$ _____
Real Estate (other)	\$ _____	Accounts Payable	\$ _____
RRSP/Retirement Plan	\$ _____	Taxes Payable	\$ _____
Securities and Mutual Funds	\$ _____	Interest Payable	\$ _____
Automobiles	\$ _____	Brokers Margin Accounts	\$ _____
Your Present Business	\$ _____	Mortgage on Real Estate	\$ _____
Other Assets	\$ _____	Other Liabilities	\$ _____
Total Assets	\$ 	Total Liabilities	\$
Net Worth		\$	

* Please attach statements

The following documents are required to be submitted.

Attached	Required Documents	Attached	Required Documents
<input type="checkbox"/>	Notice of Assessment for the past 3 years	<input type="checkbox"/>	T4's for the last 3 years
<input type="checkbox"/>	Mortgage Statement/Mortgage balance or Rent agreement	<input type="checkbox"/>	CRA Statement Account
<input type="checkbox"/>	Property Tax Statement	<input type="checkbox"/>	Proof of Credit Score
<input type="checkbox"/>	Banking Statement	<input type="checkbox"/>	Proof of all assets (RRSP's, Life Insurance)
<input type="checkbox"/>	Current Paystub	<input type="checkbox"/>	T776 Statement of Property (if applicable).
<input type="checkbox"/>	Driver's License	<input type="checkbox"/>	Police Clearance

I hereby certify that I have supplied all information to the best of my ability and understand that the Franchisor must rely upon this information in assessing my qualifications. I understand that this profile is not a contract and in no way binds H&R Block or myself and does not imply that a franchise will be offered. To further evaluate my qualifications, I understand that the Franchisor will order and obtain a credit report, conduct a background investigation, and verify all references submitted provided both parties are interested in further pursuing discussions following the initial request for consideration.

Applicant's Signature _____ Date signed _____

I have reviewed the entire Request for Consideration			
_____ District Manager	_____ Date	<input type="checkbox"/> Forwarded	<input type="checkbox"/> Rejected
_____ Regional Director	_____ Date	<input type="checkbox"/> Forwarded	<input type="checkbox"/> Rejected
_____ CSC Calgary	_____ Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected



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FRANCHISE INTEREST		
Do you have an existing tax business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company name and address:	
Taxpayer Identification Number:		
Other business --- industry, position held, types of products & services offered, type and # of customers:		
Select the option that best describes your interest: <input type="checkbox"/> Purchase an existing Franchise <input type="checkbox"/> Open a new franchise location in a new territory <input type="checkbox"/> Convert an existing Tax business to an HRB Franchise <input type="checkbox"/> Convert an existing Tax business to an HRB Franchise AND buy one or more existing Franchises	Geographic Areas of Interest, in order of preference: 1. 2. 3.	Exactly how much capital do you have available for this investment?
		When would you be ready to invest in your franchise if you were approved?
		Who will be responsible for the daily operation of the business?
		How long have you been looking for a business to buy?
If the required amount of capital is not available, how would you obtain additional cash?	Have you been approved for financing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Do you plan to have investors? <input type="checkbox"/> Yes <input type="checkbox"/> No
Would this be your sole source of income? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimate minimum monthly income required for current living expenses:	Will you have a partner? (If yes, complete a request for each partner.) <input type="checkbox"/> Yes <input type="checkbox"/> No
Other names under which business is conducted (Subsidiaries and other Affiliates):		
Briefly describe kind and nature of business carried on by you and your subsidiaries and affiliates, if any:		
Other facts you want us to know:		

Indicate which of the following personal traits have MOST contributed to your success in business (check all that apply to you):	
<input type="checkbox"/> Willing to Take Risks <input type="checkbox"/> Risk Adverse <input type="checkbox"/> Highly Ethical <input type="checkbox"/> Highly Competitive <input type="checkbox"/> Street Smart <input type="checkbox"/> Book Smart <input type="checkbox"/> Strong Management/ <input type="checkbox"/> Organization Skills <input type="checkbox"/> Strong Sales Skills <input type="checkbox"/> Detail Oriented <input type="checkbox"/> Service Oriented <input type="checkbox"/> Big Picture Oriented <input type="checkbox"/> Customer Focused <input type="checkbox"/> Perfectionist <input type="checkbox"/> Other:	<input type="checkbox"/> Highly Confident <input type="checkbox"/> Outgoing Personality <input type="checkbox"/> Strong Drive/Determination <input type="checkbox"/> Highly Ambitious <input type="checkbox"/> Highly Focused <input type="checkbox"/> Constantly Improving/Changing <input type="checkbox"/> Always Willing to Try New Things <input type="checkbox"/> Always Stick with Proven Approach <input type="checkbox"/> Quick Decision Maker <input type="checkbox"/> Thoughtful Decision Maker <input type="checkbox"/> Strong Follow through <input type="checkbox"/> Strong Planning Skills <input type="checkbox"/> Strong Leadership Skills



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Franchise Candidate Name:	
Telephone:	Fax:

All franchise candidates will be disclosed immediately following prequalification.
 Complete the appropriate section based on how you intend to operate the business [Individual or Entity].

FRANCHISE CANDIDATE INFORMATION				
For Individuals				
Spouse's First Name:		Spouse's Last Name:		
Mailing address: Street				
City, Province, Postal Code:				
For Entities				
Legal Name of Entity:		Province Formed:		
Mailing address: Street				
City, Province, Postal Code:				
Entity is:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Trust	
Partner/Shareholder's Name			Role	Ownership Percentage

Each member of the business will receive a Franchise Disclosure Document [FDD].
 Provide HOME address & E-MAIL information for each member in the fields below.

Partner/Shareholder's Name	Address (Street, City, Province, Postal Code)	E-Mail Address

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If interested in contracting as an Individual – provide Individual financial information.
 If interested in contracting as an Entity – provide Entity financial information.

Assets

Cash	<input type="text"/>	
Accounts receivable from customers	<input type="text"/>	
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Accounts receivable from stockholders or affiliates	<input type="text"/>	
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Other Accounts receivable	<input type="text"/>	
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Investments	<input type="text"/>	
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Franchises or Businesses	<input type="text"/>	
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Furniture and fixtures (depreciation)	<input type="text"/>	
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Commercial Real Estate	<input type="text"/>	
Notes/Mortgages receivable	<input type="text"/>	
Stocks	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Other Assets	<input type="text"/>	
TOTAL ASSETS	<input type="text"/>	

Liabilities

Notes and bills payable for merchandise	<input type="text"/>	
Commercial Real Estate Mortgage	<input type="text"/>	
Accounts payable (not due)	<input type="text"/>	
Accounts payable (past due)	<input type="text"/>	
Business Loans	FELC (drawn)	<input type="text"/>
Reserves (itemize)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Seller Financed Notes	<input type="text"/>	
Other	<input type="text"/>	
Revolving Credit – Business Credit Card	<input type="text"/>	
Auto Loans	<input type="text"/>	
Taxes due and payable		
	Payroll Taxes	<input type="text"/>
	Income Taxes	<input type="text"/>
	Sales Tax	<input type="text"/>
Other Liabilities	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
TOTAL LIABILITIES	<input type="text"/>	
NET WORTH	<input type="text"/>	

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Additional Information

Guarantees or other accommodations

--

Insurance (Type and Amount)

Other contingent liabilities and obligations (describe)

Have you, or any subsidiary or affiliate of yours, been adjudicated a bankruptcy or been party to a reorganization under the Federal bankruptcy laws?	
If yes, specify:	
Are any lawsuits pending, or to your knowledge, threatened against you, or any subsidiary or affiliate of yours?	
If yes, specify:	
Are there any judgments outstanding against you or any subsidiary or affiliate of yours?	
If yes, specify:	

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City/Town	Number of Locations
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PRODUCTS & SERVICES

Please indicate which products and services will be offered by either selecting yes or no. For the items under Tax Preparation please indicate the projected average charge for each experience, and/or knowledge of that area and must be approved.

1. Tax Preparation

(a) T1 Returns	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NAC \$	
(b) T2 Returns	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NAC \$	
(c) T3 Returns	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NAC \$	
(d) Quebec Returns	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NAC \$	
(e) US Returns	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NAC \$	

2. Instant Refund Returns

(a) WU Money Order	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Prepaid Credit Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Bookkeeping Services

(a) GST/HST Remittance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fee \$	
(b) Payroll	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fee \$	
(c) Financial Statements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fee \$	
(d) PST & WSIB Remittance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fee \$	

4. Other Services

(a) Second Look	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fee \$	
(b) Efile only	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fee \$	
(c) Pay with Refund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fee \$	
(d) Online Estate Planning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fee \$	
(e) Remote Tax Expert	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fee \$	
(f) Peace of Mind	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fee \$	

For each product and service selected, please show projected numbers in clients and volume for Fiscal Year.

TAX PREPARATION

Type of Return	Current Number of Returns	Current Volume	Projected Number of Returns	Projected Volume	Percentage Increase/Decrease
T1 Returns					
T2 Returns					
T3 Returns					
Quebec Returns					
US Returns					
Instant Refund Returns					

BOOKKEEPING SERVICES

Type of Return	Current Clients	Current Volume	Projected Clients	Projected Volume	Percentage Increase/Decrease
GST/HST Remittance					
Payroll					
Financial Statements					
PST & WSIB Remittance					



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MARKETING PLAN

Please describe below in detail how the above projected numbers for each product and service will be attained through advertising, public relations, and local marketing activities (include plan for Off-Season growth, May 1 - Dec 31):

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LOCAL COMPETITION

Please list any direct competitors in the local market and explain how you will compete with these competitors.

1.	
2.	
3.	



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HUMAN RESOURCES

Current number of staff for each position

General Manager	
Office Manager	
Tax Associates	
Receptionist	
Bookkeeper (Internal)	
Bookkeeper (External)	
Other	

Required number of staff for each position

General Manager	
Office Manager	
Tax Associates	
Receptionist	
Bookkeeper (Internal)	
Bookkeeper (External)	
Other	

Please describe what Human Resource procedures you will implement to retain, to recruit, and to train new and prior staff:

OFFICE LOCATION

Provide a description of the current office location. The description should include availability of parking, appearance (internal/external), foot traffic, type of office (street front), etc. If the office is being moved to a new location, please include a photo and plan on how to move existing clients to the new location.

OFFICE HOURS

List below what the office hours will be for tax-season and off-season. (Offices that have extended hours have shown higher growth than those with minimum contract hours.)

TAX SEASON HOURS		OFF SEASON HOURS	
January		May	
Week 1		Week 1	
Week 2		Week 2	
Week 3		Week 3	
Week 4		Week 4	
February		June	
Week 1		Week 1	
Week 2		Week 2	
Week 3		Week 3	
Week 4		Week 4	
March		July	
Week 1		August	
Week 2		September	
Week 3		October	
Week 4		November	
April		December	
Week 1			
Week 2			
Week 3			
Week 4			

Additional information:



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COMPLETE THE FOLLOWING THREE-YEAR PROFIT AND LOSS PLAN

# of Clients Written by Owner				
# of Clients Written by General Manager			Revenue of General Manager	\$
# of Clients Written by Office Manager			Revenue of Office Mgr.	\$

PROFIT & LOSS CALCULATION

INCOME

		FISCAL YEAR:	FISCAL YEAR:	FISCAL YEAR:
T1 Returns	\$		\$	
T2 Returns	\$		\$	
T3 Returns	\$		\$	
Quebec Returns	\$		\$	
US Returns	\$		\$	
Cashback Income (Gross Disc Fees)	\$		\$	
Efile Fees	\$		\$	
Bookkeeping Fees	\$		\$	
Tax Training School	\$		\$	
Misc. Income	\$		\$	
TOTAL REVENUES	\$		\$	

EXPENSES

WAGES

		FISCAL YEAR:	FISCAL YEAR:	FISCAL YEAR:
General Manager Wages	\$		\$	
Office Manager Wages	\$		\$	
Tax Associates Wages	\$		\$	
Other Wages (Bookkeeping, Cashback, etc.)	\$		\$	
Off-Season Wages	\$		\$	
Receptionist Wages	\$		\$	
Processing Wages	\$		\$	
Payroll Taxes	\$		\$	
Employee Benefits	\$		\$	
TOTAL COMPENSATION	\$		\$	

OCCUPANCY AND EQUIPMENT

		FISCAL YEAR:	FISCAL YEAR:	FISCAL YEAR:
Rent to Landlord	\$		\$	
Rent to Owner	\$		\$	
Business Occupancy	\$		\$	
Utilities	\$		\$	
Telephone	\$		\$	
Depreciation	\$		\$	
Equipment Rental	\$		\$	
Janitor Services	\$		\$	
Common Area Maintenance	\$		\$	
Amortization	\$		\$	
TOTAL OCCUPANCY AND EQUIPMENT	\$		\$	

PAYMENTS TO FRANCHISOR

		FISCAL YEAR:	FISCAL YEAR:	FISCAL YEAR:
Franchise Regular Royalties	\$		\$	
Instant Refund Royalties	\$		\$	
FELC payments (interest only)	\$		\$	
Supplies	\$		\$	
Insurance (E&O, Contents)	\$		\$	
TOTAL FRANCHISOR PAYMENTS	\$		\$	



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		FISCAL YEAR:		FISCAL YEAR:		FISCAL YEAR:
FRANCHISEE EXPENSES						
Franchisee Salary	\$		\$		\$	
Other Franchisee Benefits (Insurance, etc.)	\$		\$		\$	
Other Franchisee Perks (Vehicle, etc.)	\$		\$		\$	
Other Franchisee related expenses	\$		\$		\$	
TOTAL FOR FRANCHISEE	\$		\$		\$	
OTHER EXPENSES						
Advertising	\$		\$		\$	
Other Insurance	\$		\$		\$	
Bank Charges	\$		\$		\$	
Interest	\$		\$		\$	
Local Supply Purchases	\$		\$		\$	
Department Store Commissions	\$		\$		\$	
Discounts/Promotions	\$		\$		\$	
Refunds	\$		\$		\$	
Penalty & Interest	\$		\$		\$	
Instant Refund Bad Debt	\$		\$		\$	
Continuing Education/Licenses	\$		\$		\$	
Travel	\$		\$		\$	
Repairs	\$		\$		\$	
Freight/Postage	\$		\$		\$	
Miscellaneous	\$		\$		\$	
TOTAL OTHER EXPENSES	\$		\$		\$	
NET EARNINGS						
	\$		\$		\$	
EQUIPMENT PURCHASE (ITEMS & COST)						
	\$		\$		\$	
PROFIT PERCENT						
	\$		\$		\$	