



# Annual Filing for Registrants

## Handling of Trust Funds or Fees in Advance

### Rule 612.14

#### 1. GENERAL INFORMATION

Registrant's name \_\_\_\_\_

Designated Partner \_\_\_\_\_

(If Professional Accounting Firm) \_\_\_\_\_ Year end \_\_\_\_\_

Mailing address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Street address (if different) \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax Number \_\_\_\_\_

Direct telephone number \_\_\_\_\_ E-mail address \_\_\_\_\_

Reporting period (month/day/year) \_\_\_\_\_ TO (month/day/year) \_\_\_\_\_

Is this an initial return?  Yes  No Is this a final return?  Yes  No

If a professional accounting firm, does the firm have more than one office?  Yes  No

Does more than one office maintain trust accounts?  Yes  No

If yes, indicate the location of each office maintaining trust accounts and the accounting records.

Location of Office \_\_\_\_\_ Location of Accounting Records \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the registrant practice from the same premises as other registrants and share a trust account?  Yes  No

List the names of individuals who had authority to accept or disburse trust funds during the year.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the registrants that shared office space but did not share a trust account during the year.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### 2. BANKING INFORMATION

List the general trust accounts maintained by the registrant during the reporting period

Financial Institution	Account Number	Date Opened	Date Closed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the financial institutions where separate interest bearing trust accounts were maintained during the reporting period.

_____	_____
_____	_____
_____	_____

List who had signing authority on these trust accounts during the reporting period.

_____	_____	_____
_____	_____	_____
_____	_____	_____

### 3. ACCOUNTING INFORMATION

The registrant maintained the following financial records

a)	Trust receipts journal indicating date of receipt, source of funds, client and amount of funds received in trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b)	Trust payments journal indicating date, cheque number, payee, client and amount for funds paid from trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c)	Client trust subledger that indicates, for each client, the trust receipts, trust payments and a running balance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d)	Trust transfer journal that shows all transfers from one client to another or a chronological listing showing the date, transferor, transferee and amount	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e)	Journal that indicates all transfers/payments from the trust account to pay the registrant's fees or a chronological listing showing the date, invoice number, and amount paid or transferred	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f)	Monthly reconciliations of the trust bank accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g)	Monthly client trust listings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h)	Monthly reconciliations of the trust bank accounts to the client trust listings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i)	Evidence the reconciliations were prepared, and a registrant reviewed and signed them monthly on a timely basis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j)	Documentation of each trust relationship	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k)	Support including authorization for each trust transfer or disbursement is maintained	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Explain below any No answers to question #3

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### 4. ACCOUNTING PROCESSES AND PROCEDURES

a)	Are all trusts documented by either a written trust agreement or engagement letter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	Is it true that no funds were lent or invested directly or indirectly with the registrant, a partner, a member of their immediate family or an entity in which any of the aforementioned had a material interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c)	Are all trust transactions recorded up to the end of the designated year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d)	If the financial records are altered, is there an audit trail of the change?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e)	Are all trust cheques clearly marked "trust"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f)	Are all voided cheques maintained by the registrant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g)	Are all trust bank statements clearly labeled "trust" on the face of the statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h)	Were all trust shortages rectified immediately when discovered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i)	Are differences on reconciliations clearly identified and explained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j)	Where any fees in advance are held, is there a retainer agreement in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain below any No answers to question #4

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### 5. TRUST ACCOUNT OPERATIONS

What was the balance of funds held in trust at the registrant's year end? \_\_\_\_\_

List any debit balances that existed during the year and explain why they occurred.

Client	Amount	Date occurred	Date corrected	Explanation

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### 6. OVERDRAFTS AND NON-SUFFICIENT FUNDS (NSF) TRUST CHEQUES

List any trust bank overdrafts and any NSF trust cheques that occurred during the year.

Financial Institution	Amount	Date occurred	Date corrected	Explanation

### 7. OTHER

Does the registrant hold any property other than money in trust, and if so please indicate the nature of the property and how the registrant safeguards said property?

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Does the registrant have sole signing authority on any other person's or entity's bank account ?

Yes  No

Is only one signature required on trust cheques?

Yes  No

If yes to either of the above questions, please explain:

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### 8. REPORTING

How frequently does the registrant report to their clients on trust funds held? \_\_\_\_\_

### 9. CERTIFICATION

**By individual**

I, \_\_\_\_\_, hereby certify that to the best of my knowledge and belief the above information is true.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

**By Professional Accounting Firm**

I, \_\_\_\_\_, the partner designated by the Professional Accounting Firm, do hereby certify that to the best of my knowledge and belief the above information is true.

\_\_\_\_\_  
Partner's Signature

\_\_\_\_\_  
Date

Please submit completed forms to CPA Alberta at [trustfilings@cpaalberta.ca](mailto:trustfilings@cpaalberta.ca).