

# HURON TAX CONSULTANTS INC.

## CLIENT CONTACT/ INTAKE SHEET

(Please Print)

LAST NAME(S)	
FIRST NAME(S)	
DATE OF BIRTH:	/
SOCIAL INSURANCE #	/
MARITAL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
DATE OF CHANGE (if in the past tax year)	
TELEPHONE HOME #	
FAX NUMBER	
CELL NUMBER(S)	/
ADDRESS /STREET – 911#	
PO BOX # OR RR #	
TOWN	
PROVINCE	
POSTAL CODE	
E-MAIL ADDRESS(ES)	
PERSONAL TAXES	YES / NO
BUSINESS/CORP. TAXES	YES / NO
COMPANY NAME(S)	
CORPORATE NUMBER(S)	
GST/HST NUMBER(S)	
YEAR END DATE(S)	
DO WE ASSIST YOU WITH:	
T-4 SLIPS	YES / NO
PAYROLL	YES / NO
RECORD OF EMPLOYMENT	YES / NO
BOOKKEEPING SERVICES	YES / NO
AGRISTABILITY	YES / NO
NAME(S) AND DATE(S) OF BIRTH OF YOUR CHILDREN:	