HTC HURON TAX CONSULTANTS INC.
(519) 527-0557
3992 MATILDA ST., PO BOX 87 DUBLIN, ON N0K 1E0

CLIENT INFORMATION & TAX INTAKE FORM (PLEASE PRINT)

SECTION 1 – PERSONAL INFORMATION AS SHOWN ON YOUR SIN CARD/LETTER

	CLIENT	**PARTNER OR SPOUSE**
Social insurance number		
First name		
Middle name(s)		
Last name(s)		
Date of birth (YYYY/MM/DD)		
Telephone home / work		
Cellphone number		
FAX number (if applicable)		
E-mail address		

MAILING ADDRESS

Street number & name		**Apartment/Unit**	
City / town		**Province**	
PO BOX (if applicable)		**Postal code**	

RESIDENTIAL ADDRESS (if different from mailing address)

MARITAL STATUS

☐ Single ☐ Married ☐ Common-law ☐ Separated ☐ Divorced ☐ Widowed

If your marital status changed during the most recent tax year, please provide date of change: _____

DEPENDANTS / CHIL DREN (if applicable)

Full name, including middle name(s) if applicable	**Date of birth**	**SIN**

SECTION 2 – PREFERRED METHOD OF COMMUNICATION

☐ Email ☐ Phone ☐ Mail

SECTION 3 – BUSINESS INFORMATION (If applicable)

*If you have more than one business, please print and complete this entire section for each business.

Business Name: _____

Business Type: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

Industry: _____

Business Number (BN): _____

Corporate Number (if incorporated)**:** _____

GST/HST Number: _____

GST/HST Filing Frequency: ☐ Monthly ☐ Quarterly ☐ Annually

Corporate Year-End: _____

Payroll Account? ☐ Yes ☐ No **WSIB Account?** ☐ Yes ☐ No

Accounting Software Used:

☐ QuickBooks Desktop ☐ Sage

☐ QuickBooks Online ☐ Excel

☐ MYOB ☐ Other _____

SECTION 4 – SERVICES REQUESTED

Please check all services that apply.

☐ Personal Income Tax Return ☐ Record of Employment (ROE)

☐ Corporate Income Tax Return ☐ AgriStability

☐ GST/HST Returns ☐ Disability Tax Credit (DTC)

☐ Payroll Services ☐ CRA Audit Assistance

☐ Bookkeeping ☐ Tax Planning

☐ T4 Slips ☐ Other _____

☐ T5 Slips

ALTERNATE CONTACT (Optional)

Name: _____ Relationship: _____

Telephone: _____

ADDITIONAL NOTES

Client Declaration

I hereby certify that the information provided on this Client Information & Tax Intake Form is true, complete, and accurate to the best of my knowledge. I understand that Huron Tax Consultants Inc. will rely on this information when preparing my tax returns and related filings. I agree to promptly notify the firm if any information changes or if additional information becomes available that may affect my tax filings.

Client signature: _____

Date: _____

If applicable, **Spouse/Partner signature:** _____

Date: _____