



H & T INCOME TAX

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Scarborough Office:
1071 Midland Avenue,
Suite 209

Client Data Sheet

Your Information:

First Name: _____ Last Name: _____

SIN No.: _____ Date of Birth: _____
(YYYY/MM/DD)

Marital Status: Married Common Law Widowed Divorced Separated Single

Phone Number: _____ Alternate Phone Number: _____

eMail: _____

Home Address: Apt # _____ Street # and Name _____

City: _____ Province: _____ Postal Code: _____

Spouse/Common Law Information:

First Name: _____ Last Name: _____

SIN No.: _____ Date of Birth: _____
(YYYY/MM/DD)

Date of marriage or common law: _____ Phone Number: _____
(YYYY/MM/DD)

eMail: _____

Children Information:

	First Name	Last Name	Son/ Daughter	Date of Birth (YYYY/MM/DD)	Day Care	Gym	Private School	Disability	Camps	RESP
1										
2										
3										

Receipts and slips: 1. Proof of payments & receipts are mandatory for claims 2. You must retain them for CRA verification.

Rent paid \$ _____

Medical (dental, drugs, optical) Yes No

Donations Yes No

Union / Professional Fee Yes No

Tuition Fee (full time or part time) Yes No

Interest Paid on student loan Yes No

Investments (capital gain/loss) Yes No

Moving expenses Yes No

Property Tax paid \$ _____

Premium paid for Medical Insurance Yes No

RRSP (contribution or cash withdrawal) Yes No

RRSP withdrawals under HBP or LLP Yes No

RRSP repayment under HBP or LLP Yes No

First Time Home Buyer for the tax year Yes No

Installment tax payments Yes No

Disability tax credits (yours or spouse's) Yes No

Are you a newcomer to Canada? If yes, your entry date to Canada: _____
(YYYY/MM/DD)

Are you a new client? If yes, Referral Name: _____ Phone Number: _____

Comments: _____