



KELLY MELANSON, CMA

Certified Management Accountant
Division of 1236388 Ontario Inc

Client Information Form

Client Name: _____

Address:

Street/P.O. Box

Town/City Province

Postal Code

Business #: _____ Home # _____ Cell # _____ Fax# _____

Email Address: _____ Type of Business (circle one) Corporation, Proprietorship, Other

Description of Business (circle one) Farm, Mfg, Retail, Services, Other _____ Business # _____

GST #: _____ PST #: _____ Articles of Incorporation: _____

Owners:

1st _____ 2nd _____
Last Name First Name Last Name First Name

SIN # _____ (DOB) _____ SIN # _____

Business Needs:

Personal Tax: Y Business Income Tax: Y Training: Y Consulting: Y
System Set-up Y Corporate Tax: Y Mthly. Book: Y Income Tax: Y

Personal Tax Information:

Marital Status as of December 31 of taxation year:

Single: Y Separated: Y Divorced: Y (Please provide date)

Common-Law Y Married: Y Widowed: Y (Please provide date)

Dependants:

NAME	Date of Birth	M/F	Income – if any	SIN #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

E-File:

- Your Income Tax Return may be electronically filed through our office.
- You retain all information slips for the examination by Revenue Canada only if requested by them at a later date. You will receive from us, a full paper copy of the return for your records, together with all your receipts.

The advantages of E-File are:

- Immediate acknowledgement that your return has been filed.
- Refunds may be processed in as little as seven days.
- Refunds deposited directly into your bank account if you choose this option.

Direct Deposit Information:

Name of Bank _____ Transit & Branch # _____ Account # _____

OR you have the option of attaching a void cheque to this form