

CLIENT BUSINESS REGISTRATION/ INFORMATION SHEET



GTP Tax Services

73 OLD KINGSTON RD.
 AJAX, ONTARIO L1T 3A6
 PHONE (416) 579-9959
 OFFICE (905) 239-0410
 WEB ADDRESS: WWW.GTPTAX.COM
 EMAIL: gtpfax@gmail.com

DATE	TENDING ASSOCIATE

CLIENT INFORMATION

NAME		CURRENT ADDRESS	
DATE OF BIRTH	MM/DD/YY		
SOCIAL SECURITY			
HOME PHONE		FAX	
ALT. PHONE		EMAIL	
OCCUPATION		WORK PHONE	
FILING STATUS	SINGLE ___ COMMON LAW ___ MARRIED FILING JOINTLY ___ MARRIED FILING SEPARATELY ___ DIVORCED ___		
REFUND TYPE	CHECK ___ DEBIT CARD ___ DIRECT DEPOSIT ___		

SPOUSE INFORMATION

NAME		CURRENT ADDRESS	
DATE OF BIRTH			
SOCIAL SECURITY			
HOME PHONE		FAX	
ALT. PHONE		EMAIL	
OCCUPATION		WORK PHONE	

DEPENDENTS

NAME: FIRST/ LAST	DATE OF BIRTH	MALE/ FEMALE	SOCIAL INSURANCE NUMBER
	MM/DD/YY		
	MM/DD/YY		
	MM/DD/YY		
	MM/DD/YY		
	MM/DD/YY		

PAYMENT INFORMATION – (Office Use Only)

PAYMENT TO	PAYMENT DATE	
RECEIPT NUMBER	AMOUNT PAID	\$
PAYMENT METHOD		
RECEIVED FROM	RECEIVED BY	
ACCOUNT INFO		PAYMENT PERIOD
ACCT BALANCE	THIS PAYMENT	BALANCE DUE
\$	\$	\$
	FROM	THROUGH

TAXPAYER SIGNATURE	DATE
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Partner's Signature		DATE	
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