## **Profile of Tax Agents**

Name	of Firm:				
Tax re	ference number o	f Firm:			
Name	of person comple	ting this form:			
Date:					
l.	Contact informa	ation			
(1)	rson or the contact articular tax type?				
	Main contact person		[Please	[Please fill in part (2)]	
	Contact person for each tax type		[Please	fill in part (3)]	
(2) Main Contact Person					
Name: Designation:					
Tel number: Fax number:			Fax number:		
	Email:				
(3) Contact person for each tax type					
		Corporate Tax	Individual Income Tax	Goods and Services Tax	
	Name				
	Designation				
	Tel number				
	Fax number				
	Email				

## II. <u>Business and staff information</u>

(1)	Total number of staff [please tick (	<b>√</b> )]:
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	In the whole Company	In the Tax Department
0-10		
11-50		
51-200		
> 200		

## (2) Type of Tax Services provided by the company

Tax Type Corporate Tax -	Services Tax Compliance Tax Advisory Others:	
Individual Income Tax -	Tax Compliance Tax Advisory Others:	
Goods and Services Tax-	Tax Compliance Tax Advisory Others:	

## (3) Number of clients (please tick the relevant boxes)

	Number of clients			
Tax type	1-50	51-100	101-200	> 200
Corporate Tax				
Individual Income Tax				
Goods and Services Tax				

<sup>---</sup> Thank you for your participation -