

NEW CLIENT INFORMATION

YOUR INFORMATION

IF MARRIED OR COMMON/LAW – PLEASE ALSO COMPLETE SPOUSE’S INFORMATION SECTION

Mr. Mrs. Miss Ms.
 Your Name (FIRST NAME, LAST NAME):

Date of Birth: (YYYY/MM/DD)

 SIN:

STREET ADDRESS:

PO BOX:

CITY, PROV:

POSTAL CODE:

HOME #:

 CELL #:

EMAIL:

Marital Status (circle one):
 Single Married Common-Law Separated Divorced Widowed

SPOUSE’S INFORMATION (IF APPLICABLE)

Mr. Mrs. Miss Ms.
 Spouse’s Name (FIRST NAME, LAST NAME):

SIN:

Date of Birth: (YYYY/MM/DD)

CELL #:

EMAIL:

DEPENDANTS (IF APPLICABLE) – use other side if needed using same format

Dependant (FIRST NAME, LAST NAME)

Date of Birth: (YYYY/MM/DD)

 M / F (circle one)

Dependant (FIRST NAME, LAST NAME)

Date of Birth: (YYYY/MM/DD)

 M / F (circle one)

Dependant (FIRST NAME, LAST NAME)

Date of Birth: (YYYY/MM/DD)

 M / F (circle one)

Dependant (FIRST NAME, LAST NAME)

Date of Birth: (YYYY/MM/DD)

 M / F (circle one)

OTHER INFORMATION

Are you required to make repayments under the Lifelong Learning Plan or Home Buyer’s Plan? Y / N
Did you purchase or sell a home between January and December of last year? Y / N
 IF YES, make sure you complete the information on the Authorization to Efile/Term & Conditions form !!!
 Do you normally get the GST or the OTB? Y / N
 Does anyone in your family have a Disability Tax Credit Certificate on file with Revenue Canada Y / N
 Have you filed for bankruptcy in the last 2 years? Y / N

IMPORTANT