NEW CLIENT INFORMATION

Tax Payer 1			Tax Payer 2				
NAME			NAME:				
ADDRESS:			ADDRESS:				
Date of Birth:			Date of Birth:				
SIN#			SIN#				
CONTACT:			CONTACT:				
Home#			Home #				
Cell #			Cell #				
Email	A4 A DIT A I	Email					
		MARITAL	31A103				
Single Married Common-Law Did your name or marital status change in the year?			Divorced Separ	ated	uted Widowed		
Official date of change:							
Did you attach a copy of the legal agreement?			☐ YES	□ NO			
	DE	PENDANT'S	INFORMATION				
NAME(S):	DATE OF I		S.I.N.	ATTENDING POS		_	
				☐ YE	:S □	NO	
<u> </u>				□ YE	:s □	NO	
				☐ YE	s 🗆	NO	
		SONAL TAX	INFORMATION				
PROV. OF RESIDENCE (DEC 3 ARE YOU A CANADIAN CITIZ	-		PROV. OF RESIDENCE (=			
GIVE INFO. TO ELECTIONS	□ YES		ARE YOU A CANADIAN		☐ YES	□ NO	
CANADA?	☐ YES	6 □ NO	GIVE INFO. TO ELECTION CANADA?	ONS	☐ YES	□ NO	
DO YOU HAVE A TFSA?	☐ YES	S □ NO	DO YOU HAVE A TFSA?	·	☐ YES	□ NO	
FIRST TIME HOME BUYER?	☐ YES	S □ NO	FIRST TIME HOME BUY	ER?	☐ YES	\square NO	
SOLD PRINCIPAL RESIDENCE THE TAX YEAR?	E IN	S □ NO	SOLD PRINCIPAL RESIDE THE TAX YEAR?	ENCE IN	☐ YES	□ NO	
Date Sold: Sale		Price: Ye	ear Purchase	ed:			

DO YOU OWN FOREIGN PROPERTY?	☐ YES	□ NO	DO YOU OWN FOREIGN PROPERTY?	☐ YES	□ NO				
ARE YOU SELF-EMPLOYED?	☐ YES	□ NO	ARE YOU SELF-EMPLOYED?	☐ YES	□ NO				
IS DIRECT DEPOSIT SET UP?	☐ YES	□ NO	IS DIRECT DEPOSIT SET UP?	☐ YES	□ NO				
DO YOU HAVE A DISABILITY TAX CREDIT?	☐ YES	□ NO	DO YOU HAVE A DISABILITY TAX CREDIT?	☐ YES	□ NO				
DID YOU WORK FROM HOME?*	☐ YES	□ NO	DID YOU WORK FROM HOME?*	☐ YES	□ NO				
*If yes, please include your completed Conditions of Employment form (T2200) with your documents.									
DO YOU HAVE A RENTAL PROPERTY?	☐ YES	□ NO	DO YOU HAVE A RENTAL PROPERTY?	☐ YES	□ NO				
RRSP SLIPS FOR THE FIRST 60 DAYS OF 2025?	☐ YES	□ NO	RRSP SLIPS FOR THE FIRST 60 DAYS OF 2025?	☐ YES	□ NO				
ONLINE SEARCH FOR SLIPS?	☐ YES	\square NO	ONLINE SEARCH FOR SLIPS?	☐ YES	□ NO				
		ADDITIONA	LNOTES						
		ADDITIONA	L NOIES						