

NEW CLIENT INFORMATION

Tax Payer 1

NAME

ADDRESS:

Date of Birth:

SIN#

CONTACT:

Home#

Cell #

Email

Tax Payer 2

NAME:

ADDRESS:

Date of Birth:

SIN#

CONTACT:

Home #

Cell #

Email

MARITAL STATUS

Single

Married

Common-Law

Divorced

Separated

Widowed

Did your name or marital status change in the year?

☐ YES

☐ NO

Official date of change: _____

Did you attach a copy of the legal agreement?

☐ YES

☐ NO

DEPENDANT'S INFORMATION

NAME(S):

DATE OF BIRTH

S.I.N.

ATTENDING POST-
SECONDARY SCHOOL?

☐ YES

☐ NO

☐ YES

☐ NO

☐ YES

☐ NO

PERSONAL TAX INFORMATION

PROV. OF RESIDENCE (DEC 31):

ARE YOU A CANADIAN CITIZEN?

☐ YES ☐ NO

GIVE INFO. TO ELECTIONS
CANADA?

☐ YES ☐ NO

DO YOU HAVE A TFSA?

☐ YES ☐ NO

FIRST TIME HOME BUYER?

☐ YES ☐ NO

SOLD PRINCIPAL RESIDENCE IN
THE TAX YEAR?

☐ YES ☐ NO

PROV. OF RESIDENCE (DEC 31):

ARE YOU A CANADIAN CITIZEN?

☐ YES ☐ NO

GIVE INFO. TO ELECTIONS
CANADA?

☐ YES ☐ NO

DO YOU HAVE A TFSA?

☐ YES ☐ NO

FIRST TIME HOME BUYER?

☐ YES ☐ NO

SOLD PRINCIPAL RESIDENCE IN
THE TAX YEAR?

☐ YES ☐ NO

Date Sold:

Sale Price:

Year Purchased:

DID YOU WORK FROM HOME?*

DID YOU WORK FROM HOME? * ☐ YES ☐ NO

ONLINE SEARCH FOR SLIPS? ☐ YES ☐ NO

ONLINE SEARCH FOR SLIPS? ☐ YES ☐ NO

[illegible]