

New Client INFORMATION



Name: _____

Home Address: _____

Phone Number: _____

E-mail address: _____

SIN: _____

Date of Birth: _____

Marital Status: _____

Spouse's Name: _____

Spouse's SIN: _____

Spouse's Date of Birth: _____

Children (names, DOB and gender):

Home Buyers Plan repayment YES NO

Property tax information provided YES NO

Medical Expenses provided YES NO

Qualify for Disability Tax Credit? YES NO

University or College tuition provided YES NO

Rent receipts provided YES NO

Child Care receipts provided YES NO

Do you own any foreign property worth more than \$100,000 CDN? YES NO

Do you receive the Ontario Senior Home Owner's Property tax grant? YES NO

Did you make RSP contributions? YES NO

Are you a Canadian Citizen? YES NO

Do you authorize the CRA to give your information to Elections Canada for the National Register of Electors? YES NO

Are you enclosing last years' Notice of Assessment or tax return (T1)? YES NO

Are we preparing an HST return?
If so, provide access code _____

If not, what is your HST#? _____

Other information:

Referred by: _____

Price Quote: _____