

NEW TAX CLIENT INFORMATION SHEET

Marital Status

Married Common Law Widowed Divorced Separated Single

Has your Marital Status changed during the tax year?

If yes what is the date of this change? _____
MM/DD

Client Info:

Name: _____
First/Middle/Last

Address: _____ Apt # _____

P.O.Box _____ R.R # _____

City: _____ Province: _____ Postal Code: _____

S.I.N#: _____

D.O.B _____ / _____ / _____
Year Month Day

Phone #: (_____) _____

E-MAIL _____

Partner Info:

Name: _____
First/Middle/Last

S.I.N#: _____

D.O.B _____ / _____ / _____
Year Month Day

Phone #: (_____) _____

E-MAIL _____

If you rent please fill out below

Rent/month \$ _____

How many months in the tax year have you lived at this address _____

Landlords Name _____

Dependant Information For Children Under 18

CHILDREN

First/Last Name: _____ M / F

Date of Birth: _____ / _____ / _____
Year **Month** **Day**

First/Last Name: _____ M / F

Date of Birth: _____ / _____ / _____
Year **Month** **Day**

First/Last Name: _____ M / F

Date of Birth: _____ / _____ / _____
Year **Month** **Day**

First/Last Name: _____ M / F

Date of Birth: _____ / _____ / _____
Year **Month** **Day**

First/Last Name: _____ M / F

Date of Birth: _____ / _____ / _____
Year **Month** **Day**