



Date: _____

THIS FORM IS FOR **EXISTING CLIENTS** ONLY.

1. REQUIRED INFORMATION FOR ALL CLIENTS: **PLEASE PRINT CLEARLY**

Last Name: _____ First Name: _____

Email Address: _____

Preferred method of telephone contact: Home _____

Cell/Work _____

HAS YOUR ADDRESS CHANGED?

Address: _____

City: _____ Province: _____ Postal Code: _____

2. On December 31st of the current tax year, were you:

Single Married Common-law Divorced Separated Widowed

3. Spouse/Common-Law partner (if applicable). Are we filing their return? Yes No

Last Name	First Name	Date of Birth	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No

4. Change in Dependents (if applicable): Children, parents, grandparents etc. if living at the same address

Last Name	First Name	Date of Birth	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No

5. Do you own foreign property worth over \$100,000? Yes No

6. Did you sell your Principal Residence? Selling Price _____ Year of Purchase _____

7. Amount of Rent Paid or Property Tax Per Year: Rent _____ Tax _____

Tax Years _____ Total # of Tax Returns to be Completed _____