

EXISTING CLIENTS

1. CLIENT NAME:

LAST: _____ FIRST: _____ MIDDLE: _____

SIN: _____ DOB: _____

Confirm Email: New Email: _____

Telephone or Cell Number you wish to be contacted at: _____

2. DID YOUR ADDRESS CHANGE?

NEW Address : _____

City: _____ Province: _____ Postal Code: _____

If you moved did you sell your Principal Residence?

Selling Price _____ Closing Date _____ Year of Purchase _____

Amount of Rent Paid or Property Tax Per Year (required only if family income under \$100,000):

Rent _____ Property Tax _____

3. SPOUSE OR COMMON-LAW PARTNER: ***Are we filing their return?***

YES LAST: _____ FIRST: _____ MIDDLE: _____

NO ****REQUIRED INFO**** SIN: _____ DOB: _____

CITIZENSHIP: _____ INCOME: _____

Are they Disabled Yes No Are you their Caregiver? Yes No

4. MARITAL STATUS: ***Did your Marital Status Change?***

CHANGE DATE: _____ Single Married Common-law Divorced Separated Widowed

5. CHANGE IN DEPENDENTS: ***Children, parents, grandparents etc. if living at the same address during tax year***

	Last Name	First Name	DOB	SIN	DISABLED /W DTC
1.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. FOREIGN PROPERTY ***Do you own foreign property that cost over \$100,000?*** Yes No

Do you have a MY CRA ACCOUNT? ***With Access?*** Yes No ***Please include a copy of your last NOA.***