

NEW CLIENTS

1. CLIENT NAME: _____ **TAX YEARS BEING FILED:** _____

LAST: _____ FIRST: _____ MIDDLE: _____

SIN: _____ CITIZENSHIP: _____ DOB: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____ Phone/Cell to contact you at _____

2. RENT OR PROPERTY TAX Amount Paid Per Year (required only if family income under \$100,000):

Rent _____ Property Tax _____

3. MARITAL STATUS: On December 31st of current year being filed you were:

Single Married Common-law Divorced Separated Widowed

Did your Marital Status Change from previous year filed? YES DATE: _____

4. 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

5. DEPENDENTS: Children, parents, grandparents etc. if living at the same address during tax year being filed

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
3. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. INVESTMENTS & FOREIGN PROPERTY

Do you own foreign property that cost over \$100,000? Yes No

Was your Principal Residence sold? Selling Price _____ Closing Date _____ Purchase Year _____

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