

New Client Personal Tax Information



Your Information

Name:

First Initial Last

Social Insurance #: _____ Marital Status: _____

Birth Date: _____
MM DD YY

Address: _____

Street, P.O. Box #, R.R. #, Apartment #

City Province Postal Code

Telephone: _____ circle one below

Home Work Mobile

Home Work Mobile

E-mail: _____ circle one below

Home Work

Home Work

The best way to contact me is by: _____ (circle one) Phone Email

Your Spouse's / Common-law Partner's Information

Name:

First Initial Last

Social Insurance #: _____ Net Income: * _____

Birth Date: _____
MM DD YY

* Please provide the amount from line 236 from their tax return if we are NOT preparing their tax return.

Dependent's Information (children and others dependent on you for financial support)

Name:					
First	Initial	Last			
Social Insurance #:			Net Income: *		
Birth Date:			Relationship:		
	MM	DD	YY		
Name:					
First	Initial	Last			
Social Insurance #:			Net Income: *		
Birth Date:			Relationship:		
	MM	DD	YY		
Name:					
First	Initial	Last			
Social Insurance #:			Net Income: *		
Birth Date:			Relationship:		
	MM	DD	YY		

* Please provide the amount from line 236 from their tax return if we are NOT preparing their tax return.

Please provide the following for each person listed, as applicable:

Copy of previous year's income tax return

Copy of previous year's notice(s) of (re)assessment from Canada Revenue Agency

Copy of approval for the disability tax credit from Canada Revenue Agency

Copy of separation agreement, if separated or divorced

FOR OFFICE USE:

Client Code: _____

Copy of signed T1013 in file? Taxpayer Spouse Dep # 1 Dep # 2 Dep # 3