

2015 New Client Information



PERSONAL INFORMATION:

CLIENT NAME: _____
SIN #: _____
DOB: _____
E-mail address: _____
Cell #: _____

SPOUSE NAME: _____
SIN #: _____
DOB: _____
E-mail address: _____
Cell #: _____

FAMILY INFORMATION:

Mailing address: _____
Postal Code: _____

City: _____ Province: _____
Home phone number: _____

1. Please indicate your family status:

Single / Married / Common-law / Separated / Divorced / Widowed

2. Do you have any children under 19?

Yes No

If no, skip to #3. If yes, please provide the names of children and their dates of birth:

Name: _____

DOB: _____

Name: _____

DOB: _____

Name: _____

DOB: _____

Name: _____

DOB: _____

3. Are you claiming any Children's Arts or Fitness Tax Credits?

Yes No

OTHER INFORMATION:

CLIENT QUESTIONNAIRE

SPOUSE QUESTIONNAIRE

- | | |
|---|--------|
| 1. Are you a Canadian Citizen? | Yes No |
| 2. Were you born in the U.S. or are you a U.S. Citizen? | Yes No |
| 3. Are you a citizen of any other country? If yes, which country? _____ | Yes No |
| 4. Did your last name change in 2015? | Yes No |
| 5. Are you entitled to claim the Disability Tax Credit? | Yes No |
| 6. Did you move in 2015 for reasons of starting a new business or job? | Yes No |
| 7. What was your province of residence on December 31, 2015? _____ | |

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Signature: _____

Signature: _____