New Client Information Sheet

Date		Referred by:	
New Client:	☐ Yes / ☐ No	Change:	☐ Yes / ☐ No

CLIENT INFORMATION		SPOUSE INFORMATION
	Name	
	Birthday	
	SIN #	
	Address	
	City/ Prov /	
	Home Phone	
	Fax	
	Office Phone	
	Mobile Phone	
	Email	
	Marital Status	

CHILDREN'S INFO

1.	Name		Birthday	
2.	Name		Birthday	
3.	Name		Birthday	
4.	Name		Birthday	

BUSINESS INFO (please leave blank if you don't own a business)

Company Name	
Trade Name	
Mailing Address	
Industry	
Email	
Business Number	
Corp. Access #	
Incorporation Date	
Y/E Date	
GST	YES
PAYROLL	NO

Personal Tax Checklist

Please provide us with any of the following items applicable to your situation for the tax year that you would like us to file for you:

- Your legal name, date of birth, address, and phone number
- Your spouse or common-law partner's name, date of birth, and SIN number
- Dependent children - names and dates of birth
- All T4 slips for employers
- All other income slips (T3, T5, T4E, T4A, T4AP, T4RSP, T4RIF)
- Charitable / Political donations receipts
- Investment receipts (share buy and sell along with statement)
- RRSP tax receipts
- Health bills (pharmacy, massage, chiropractic, natural healing, dental, etc.) For the family if not claimed by spouse.
- Public Transit passes
- Childcare (nanny, daycare, school receipts, child tax credit...)
- Child support payments or alimony payments
- Tuition & Education amounts/tax receipts, interest paid on student loans
- Revenue Properties information if applicable
- Moving expenses if applicable
- Declaration of Conditions of Employment (T2200) and receipts for work expenses if you are not reimbursed for them
- Old Age Security and CPP benefits and other pensions and annuities
- Employment Insurance benefits, Workers' Compensation benefits, or Social Assistance payments if applicable
- Notice of Assessment for the last tax year filed and a copy of your tax filing for the previous year
- Any other tax-related correspondence from the government for the current year