

## New Client Information Sheet

Client	Spouse
Name _____	_____
Birthdate _____	_____
Marital Status _____	_____
Canadian Citizen _____	_____
Cell _____	_____
Home Phone _____	_____
E-mail _____	_____
Street Address _____	Apt # _____
City _____	Postal Code _____
Property Tax \$ _____	Rent \$ _____
	Landlord _____

Dependant Children's Names:	Birthdates
_____	_____
_____	_____
_____	_____
_____	_____

Direct deposit set up with CRA? \_\_\_\_\_

Disability Tax Credit? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

Additional Information \_\_\_\_\_

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