

Approved by: _____

Referred by: _____

New Change
 Date: _____

Client Information Form

Last Name:	_____	Spouse Last Name:	_____
First Name:	_____	Spouse First Name:	_____
Marital Status:	_____		
SIN:	_____	Spouse SIN:	_____
DOB:	_____	Spouse DOB:	_____
Citizenship/Residency	_____	Citizenship/Residency	_____
SSN/ITIN:	_____	SSN/ITIN:	_____
Occupation:	_____	Occupation:	_____
Home owned/Rented	_____		
Business Name:	_____	Trust Name:	_____
Business Number:	_____	Trust Account No.	_____
Other info:	_____		

Mailing **Address:**

Number, Street/ PO Box	City	Province/State	Postal/Zip Code
------------------------	------	----------------	-----------------

Secondary **Address:**

Number, Street/ PO Box	City	Province/State	Postal/Zip Code
------------------------	------	----------------	-----------------

Phone Number(s)

Home: ()	Work: ()
Mobile: ()	Fax: ()
	Other: ()

E-mail Address(es)

_____ @ _____ | _____ @ _____

Category(ies) [Check all that apply]

CAD Personal tax	Quebec Individual	Trust
US Personal tax FBAR	US State Return	Streamlined
Corporate tax	NTR	RVW
US Corporate	US Partnership	GST/PST or Payroll

Dependants (if any)

1) Name: _____ **SIN:** _____

DOB: _____ **SSN/ITIN:** _____

_____ **Notes:** _____

2) Name: _____ **SIN:** _____

DOB: _____ **SSN/ITIN:** _____

_____ **Notes:** _____

Notes:

Administrative use only:

- TPS Outlook Z Drive File created Paper File Pro Series CRA (RC59 or T1013)