

**NEW CLIENTS INFORMATION**

Please fill this form and it back to us, with a copy of your last income tax return filed.

Personal Information		
First Name:		Last Name:
Address		City Province
Postal Code:	Birthdate: Day / Month / Year	SIN #
Home phone:		Cell phone:
Main Email: (We will send all notifications to this email)		
<input type="checkbox"/> Single <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased - <b>DOD ?</b>		
Canadian citizen <input type="checkbox"/> Y <input type="checkbox"/> N		
C/O, PoA, or Executor Name:		
Company / Sole Proprietor Information (if applicable)		
Company Legal Name:		
Year End:	Incorporation Date:	
Company’s Legal Address:	City:	Province:
Postal Code:	Business Number <b>BN #</b> (GST #)	
Phone:	Cell phone:	
Main Email: (All notifications will be in a digital format to your email)		
Additional Notes		