

New Client Registration Form

Prior to your first appointment, we request that you complete this registration form and submit it to our office.

Personal Information

Taxpayer name: _____ Birthday: _____ SI# _____
M / D / Y

Street address: _____

City: _____ Prov: _____ Postal Code: _____

Phone Number Home: _____ Cell: _____ Work: _____

Email: _____

In which province did you reside at December 31? _____

Have you been audited in the past seven years? If YES, what for? _____ Y N

Are you a Canadian Citizen? _____ Y N

Are you a citizen of any other Country? If YES – Specify _____ Y N

Do you authorize CRA to provide your personal information to Elections Canada? _____ Y N

Did you own foreign property at any time in the year with a total cost of more than \$100,000 CDN? _____ Y N

Documents Required

Provide for each tax payer:

Photo identification: driver's license or passport (passport preferred)

Prior Year Tax return

Prior Year Notice of (Re)Assessment

Marital Status

Married Common-Law Divorced Widowed Separated Single

Did the status change in the year? Y N _____ If YES, date of change _____

Spouse name _____ Birthday: _____ SI# _____

If married or common-law, will we be preparing their income tax return? _____ Y N

if YES: Have they been audited in the past seven years? If YES, what for? _____ Y N

Are they a Canadian Citizen? _____ Y N

Are they a citizen of any other Country? If YES – Specify _____ Y N

Do you authorize CRA to provide your personal information to Elections Canada? _____ Y N

Dependents

Name	Relationship	Birthday	SI#

If the dependants have income, will we be preparing their income tax return? _____ Y N

if YES: Have they been audited in the past seven years? If YES, what for? _____ Y N

Are they a Canadian Citizen? _____ Y N

Are they a citizen of any other Country? If YES – Specify _____ Y N

Do they authorize CRA to provide their personal information to Elections Canada? _____ Y N

Referred By

Name: _____ Business: _____