

## NEW CLIENT FORM

	Taxpayer	Spouse
First name:		
Last name:		
Date of birth:		
Social insurance number:		
Contact phone number(s):	(    ) _____ - _____ cell	(    ) _____ - _____ cell
	(    ) _____ - _____ home	(    ) _____ - _____ home
Email address:		

Marital status: (If changed in current year indicate date: \_\_\_\_\_)

Single   
  Married   
  Common-law   
  Divorced   
  Separated   
  Widow(er)

	Taxpayer	Spouse
		<input type="checkbox"/> Check if same address
Po Box / Street:		
Town/City:		
Province:		
Postal Code:		

	Given name	DOB (mm/dd/yy)	Gender
Dependant #1			
Dependant #2			
Dependant #3			
Dependant #4			
Dependant #5			

**OTHER**

Circle one

- Did you own foreign property with a value exceeding \$100,000 in the current tax year?    Yes / No
- Did you move in the current year?    Yes / No
- Did you sell your principal residence in the current tax year?    Yes / No
- Did you purchase your first home in the current tax year?    Yes / No

**If you answered yes to any of the above please provide additional information:**

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