

Client Intake form

Tax Payer Information

First Name			Last Name			SIN 999-999-999		
Sawsan			Albo rano					
Date of Birth	Sex	Phone		eMail			Residency Status	
		Cell	647-408-8401	Sawsanalborno@gmail.com				
		Home						
Address				Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed			
City				Canadian citizen	<input type="checkbox"/> Yes <input type="checkbox"/> Election <input type="checkbox"/> No			
Province				Any changes in marital status during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Partner's Information

First Name			Last Name			SIN 999-999-999		
Date of Birth	Sex	Phone		eMail			Residency Status	
		Cell						
		Home						
Address (if different from taxpayer)								

Dependents ⁽¹⁾

First name	Last name	SIN 999-999-999	Date of Birth	Sex	Relationship	Disabled (Y/N)
Adam		Son		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No

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