

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"/> Married <input type="checkbox"/> Common Law		<input type="checkbox"/> Divorced <input type="checkbox"/> Separated <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

Notes	
-------	--