**Personal Information**

*Single*

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|  | **Date:**  |
| **Client Information SIN:**  | **Protect B Form** |
| Birth Date Year-Month-Day | Year: | Month: | Day |
| Client Name | Mr. Ms.  | First: | Int: | Given: |
| Address | Po Box  |  |
| City, Postal code |  | Prov:  | PC:  |
|  |  |  | **Divorced, separated recently provide date:** |
| Marital Status | Single: Separated: | Divorced:  | Widow: |
| Home / Work Phone |  | Cell | Email:  |
| CRA Questions:  | Canadian Citizen:  | First time filing: Y: N: | Previous Residency: |
| Volunteer Fire-Fighter: Y: N:  | Prison Confinement: Y: N: | Disability: Y: N: |
| Apply for Elections Canada: Y: N: Did you sell any Foreign Property: Y: N:  |
| Did you sell personal Property/house: Y: N:  |
| Do you want to register with the CRA Online Email notification? Y: N: (if yes email require) |
| **Do You Authorize George B. Nylan, Accountant to file and retrieve information & Represent you with CRA?****If you select YES. This authorizes me to access to all your tax information with the CRA: Y: N: Int:** |
| **Retainer is required before work commences and documents transmitted to the cra. Initial:**  |
| **Accountability Clause** |
| **By signing this document, you are authorizing Global Office CA/Smoky Lake Accounting & Tax Services in confidence to work on your financial documents and report Taxable earnings and deductions to the CRA on your behalf without audit. Our firm cannot be held responsible for any Information exchanged by you the client in accuracy thereof that will be processed on your behalf. The client is fully responsible for making sure the information exchanged is correct and true and paying any and all tax debts. In Addition, our firm agrees with the Client that all information exchanged will be held in strict confidence and never divulged or released to anyone without the consent of the client. If you have authorized us, we agree to represent you the client, with the CRA regarding your taxes.** **THIS AGREEMENT CAN BE RESCINDED AT ANY POINT IN TIME BY WRITTEN NOTICE** |
|  **Please make all payments addressed to:** **gbnylan@outlook.com** **bank etransfer. No password is required** |
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| **How did you find our business?** |  |

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| Please Print and Sign Name: |
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