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Client Interview Worksheet

Name:

First: _____ Middle: _____ Last: _____

Telephone: (Home) _____ Date of Birth: YY _____ MM _____ DD _____
(Cell) _____ SIN #: _____

Address: _____

E-mail: _____

Marital Status: (Single) (Married) (Separated) (Common-Law) (Divorced) (Widow) _ Date of Change

Spousal Information (If applicable)

Name:

First: _____ Middle: _____ Last: _____

Telephone: (Home) _____ Date of Birth: YY _____ MM _____ DD _____ Spouse Income: _____
(Cell) _____ SIN #: _____

Address: (if different) _____

Dependents (If applicable)

Name	Relation	DOB	Name	Relation	DOB
1- _____	_____	/ /	3- _____	_____	/ /
2- _____	_____	/ /	4- _____	_____	/ /

Rent/Property Tax
Amount: \$ _____ Paid to: _____ Amount: \$ _____ Paid to: _____

First time filing: Yes / No Date of Arrival in Canada: _____ (For new Immigrants only)

Are you a Canadian Citizen? Yes / No

Do you authorize CRA to give your name and address to Elections Canada for the National Register of Electors
(Yes) (No)

Other information:

Client's Signature