



## DROP-OFF Information Checklist for New Client's (or changes)

Welcome to Axe the Taxes Accounting Service Inc. We ask that you spend a few minutes completing the following form. Please fill out as much as possible, but only if it applies to you.

First time visiting Axe the Taxes Accounting?  Yes  No Last year here? \_\_\_\_\_

### Client Information:

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Insurance Number (SIN): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ MMM / DD / YYYY \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Marital Status:  Single  Married  Common-law  Widowed  Separated  Divorced

If status changed last year, date: \_\_\_\_\_ Province of Residence on December 31<sup>st</sup>: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Spouse or Common-law partner information:** Filing return?  Yes  No

(Information still needed even if not filing)

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

SIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ MMM / DD / YYYY Net Income: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Dependents:** Filing return?  Yes  No

(oldest to youngest)

First Name	Last Name	Date of Birth	Net Income	Relationship	Post-Secondary Student	Claims Disability