

New Client Information Sheet

(one form per couple)

Client

SIN # _____ Marital Status _____

Legal Name _____
FIRST MIDDLE LAST

Street Address _____ Apt # _____

City _____ Postal Code _____

Cell _____ Home Phone _____

Birthdate _____ Date of Death _____
DD MM YYYY DD MM YYYY

Canadian Citizen Permanent Resident Work/Student Visa

Email _____ May we email and text you? Yes No

Property Tax \$ _____ Rent \$ _____ Landlord _____

Did you sell your home last year? Yes No Home Buyer's Plan? Yes No

Have you moved since last filing? Yes No Did you open an FHSA? Yes No

Spouse or Common-Law

SIN # _____ Does not live in Canada

Legal Name _____
FIRST MIDDLE LAST

Cell _____ Home Phone _____

Birthdate _____ Date of Death _____
DD MM YYYY DD MM YYYY

Canadian Citizen Permanent Resident Work/Student Visa

Email _____ May we email and text you? Yes No

Dependant Children's Names

Birthdates

Additional Information _____

How did you hear about us? Google Sign Referred by: _____

AUTHORIZATION FORM – AUTHORIZE A REPRESENTATIVE

NAME: _____ SIN#: _____

I grant DCC Group instant online access to my information for the purpose of preparing my income tax return.

- 1) Level of Authorization: **2** – includes filing T1 adjustments online
- 2) This authorization can be cancelled at anytime.
- 3) This authorization is ongoing, even after death, unless it is cancelled (By yourself, DCC Group, or an executor).
- 4) DCC Group **cannot view or change** your address or direct deposit online.

Signature: _____ Date: _____

**AUTHORIZATION FORM – AUTHORIZE A REPRESENTATIVE
(FOR SPOUSE OR COMMON-LAW)**

NAME: _____ SIN#: _____

I grant DCC Group instant online access to my information for the purpose of preparing my income tax return.

- 1) Level of Authorization: **2** – includes filing T1 adjustments online
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Signature: _____ Date: _____