

Riya Deol Accounting Services Inc.

Client Tax Information Form

Full Name:

Social Insurance Number (SIN):

Date of Birth (DD/MM/YYYY):

Marital Status (select one):

Single

Married

Common-law

Separated

Divorced

Widowed

Canadian Citizen:

Yes

No

Spouse / Common-Law Partner Information (if applicable)

Full Name:

SIN:

Date of Birth (DD/MM/YYYY):

Dependent (Children) Information

Child 1 – Full Name:

SIN:

Date of Birth:

Child 2 – Full Name:

SIN:

Date of Birth:

Child 3 – Full Name:

SIN:

Date of Birth: