

# Riya Deol Accounting Services Inc.

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## 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: