

Riya Deol Accounting Services Inc.

Client Tax Information Form

Full Name:

Address:

Email Address:

Phone Number:

Social Insurance Number (SIN):

Date of Birth (DD/MM/YYYY):

Marital Status:

Single

Married

Common-law

Separated

Divorced

Widowed

Canadian Citizen: Yes

No

Spouse / Common-Law Partner Information (if applicable)

Full Name:

Email Address:

Social Insurance Number (SIN):

Date of Birth (DD/MM/YYYY):

Dependent (Children) Information

Child 1 - Full Name:

Child 1 - SIN:

Child 1 - Date of Birth:

Child 2 - Full Name:

Child 2 - SIN:

Child 2 - Date of Birth: