

## Income Tax CLIENT PROFILE

CLIENT INFORMATION						
☐ Id: (2) ☐ Driver's Licens	e Passport	□Ві	rth Certificate	□ Other		
Id #: Exp: / /	□ New Client □ Current Client					
Name:						
Address:						
Cell Ph:	Work Ph:		Home Ph:			
Email (P)	Date of Birth:					
SIN:	Sex: □ Male □ Female		Marital Status: Married / Common Law / Divorced /separated / widowed			
Occupation:	Employer: Job		Job Title:	Job Title:		
CLIENT PARTNER INFORMATION						
☐ Id: (2) ☐ Driver's Licens	e 🗆 Passport	□ Bi	rth Certificate	□ Other		
Id #: Exp: / /	□ New Client □ Previous Client					
Name:						
Address:						
Cell Ph:	Work Ph:		Home Ph:			
Email (P)	(P) Da		Date of Birth:			
SIN:	Sex: □ Male □ Female		al Status: Married / Common Law / cced /separated / widowed			
Occupation:	Employer:		Job Title:			
Contact Preference: □ E-Mail □ Text □ Telephone □ Mail						
Documents   Appointment Date: Time:   Email   Fax   Drop Off						
DEPENDANT INFORMATION						
	Date of Birth:					
Dependent Name:	Date of Birth:					
Dependent Name:	Date of Birth:					

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## Income Tax CLIENT PROFILE

Dependent Name:	Date of Birth:				
☐ Mortgage Lender:	Maturity				
☐ Rental(s) Lender:	Address				
☐ Rental(s) Lender:					
□ RRSP Provider	Amount:				
□ TFSA Provider	Amount:				
□ RESP Provider	Amount:				
□ LIF □ RRIF	☐ Annuities	☐ GIC & Funds			
☐ Employee Group Benefits					
AUTHORIZATION					
Signature of Applicant					
	 Date	<del></del>			
Signature of Co-Applicant					
*Disclaimer: This information will be utili	ized by APlus to provide services to inform yo				

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