

NEW CLIENT INFORMATION

Name: _____ Birth date: _____

Spouse: _____ Birth date: _____

Marital Status: Single Married Common-law Date if marital status
Divorced Separated Widowed changed in the year: _____

Address: _____

Phone: (H) _____

(W) _____

(C) _____

Email: _____

	Name:	Relation:	Birth date:
Dependents:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Do any of the following situations apply to you or your spouse:

- A member of your family has a medical condition that impacts daily life activities
- Provide financial or other caregiving support to a family member inside or outside your home
- Owner of sole proprietorship
- Partner in partnership
- Own a rental property
- Claim employment expenses
- Registered for HST