

CLIENT CONTACT INFORMATION

IMPORTANT: Returns dropped off will not be started until after 72 hours at our office

Name: _____

Phone#: _____

Cell #: _____

Social Insurance Number _____

Date of Birth: _____

Address: _____

City _____

Province _____

Postal Code _____

YES NO

	YES	NO
Disability Tax Credit (self)		
Did you sell a principal residence?		
Are you a Canadian Citizen?		
Did you reside in a Labrador Inuit Land		

Marital Status (circle): married common-law widowed divorced separated single

If Married or Common Law

What is your Spouse's Name _____

S.I.N _____

Spouse's Income

(if we are not doing the return): _____

Children or other Dependents:

Name:	Date of Birth	Relationship (If other than child)