



Client Information

Date of Intake _____
MM DD YYYY

Full Legal Name: _____

Preferred Name (if different): _____ **Date of Birth:** ____ / ____ / ____
MM DD YYYY

Social Insurance Number: _____ **Registered for My Account with CRA** [Y] [N]

Marital Status: Single Married Divorced Widowed Other: _____

Home Address

Street Address: _____

City: _____ **Prov:** _____ **Postal code:** _____

Contact Information

Primary Phone Number: _____

Secondary Phone Number: _____

Email Address: _____

Preferred Method of Contact: Phone Email

Spouse / Partner Information (if applicable)

Spouse/Partner Full Name: _____

Date of Birth: ____ / ____ / ____ **Social Insurance Number:** _____

Children / Dependents(if applicable)

Please list all children or dependents.

Full Name	Relationship	Date of Birth	SIN	Are we filing?
		____ / ____ / ____		Y N
		____ / ____ / ____		Y N
		____ / ____ / ____		Y N

Last Year Filed _____

Referral _____ **Group ID** _____