

NEW CLIENT INFORMATION FORM

Personal Contact Information

Date: _____ 20__

Full Name: _____ Spouse: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: (____) _____ Your E-mail: _____

Cell Phone: (____) _____ Work E-mail: _____

Work Phone: (____) _____ Spouse E-mail: _____

Primary contact person for tax-related matters: _____

Preferred PHONE and EMAIL to be used: _____

Best time to call: a.m. : _____ p.m.: _____

Filing Status: Single____ Widowed____ Common-Law____ Married____ Separate____

Your Date of Birth: ____/____/____ Spouse Date of Birth: ____/____/____
YY MM DD YY MM DD

Your SIN# ____ - ____ - ____ Spouse SIN# ____ - ____ - ____

Dependent Information

1. Full Name: _____

3. Full Name: _____

Date of Birth: ____/____/____
YY MM DD

Date of Birth: ____/____/____
YY MM DD

SIN#: ____ - ____ - ____

SIN#: ____ - ____ - ____

2. Full Name: _____

4. Full Name: _____

Date of Birth: ____/____/____

Date of Birth: ____/____/____

SIN#: ____ - ____ - ____

SIN#: ____ - ____ - ____

How did you hear about us? _____

Referred by: _____

Financial Planner: _____

Work Phone: (____) _____ E-mail: _____

Multiple Years Years: _____

____ Medical ____ Captial Gain ____ Rental ____ Small Business ____ HST ____ T2200

HST: ____ Quick ____ Regular / ____ QRT ____ Annual / Done By: ____ Client ____ Ashton Tax

Quote: _____

T1 General: _____ BK Hourly Rate: _____ Other Services: _____