



CLIENT INTAKE FORM

Marital Status: SINGLE / MARRIED / COMMON-LAW / WIDOWED / DIVORCED / SEPARATED

IF ANSWER ABOVE IS NOT SINGLE PLEASE FILL BOTH COLUMNS BELOW

Name:

Birthday:

SIN#:

Address:

City/Prov:

Phone Number:

Email:

Name:

Birthday:

SIN#:

Address:

City/Prov:

Phone Number:

Email:

Children (IF APPLICABLE):

- | | | | |
|----------|-------|----------|-------|
| 1. Name: | _____ | Birthday | _____ |
| 2. Name: | _____ | Birthday | _____ |
| 3. Name: | _____ | Birthday | _____ |
| 4. Name: | _____ | Birthday | _____ |

Sole Proprietorship Info (IF APPLICABLE):

Business Name & Industry: _____

Business Address: _____

GST Filing Period (Circle one): Monthly / Quarterly / Yearly

NETFILE #: _____

Payroll: _____