

Client Data Sheet
Please fill in all capital letters

Your Information:

First Name: _____ Last Name: _____

SIN No.: _____ Date of Birth: _____
(YYYY/MM/DD)

Marital Status: ☐ Married ☐ Common Law ☐ Widowed ☐ Divorced ☐ Separated ☐ Single

Phone Number: _____ Alternate Phone Number: _____

eMail: _____

Home Address: Apt # _____ Street # and Name _____

City: _____ Province: _____ Postal Code: _____

Spouse/Common Law Information:

First Name: _____ Last Name: _____

SIN No.: _____ Date of Birth: _____
(YYYY/MM/DD)

Date of marriage or common law: _____ Phone Number: _____
(YYYY/MM/DD)

eMail: _____

Children Information:

	First Name	Last Name	Son/ Daughter	Date of Birth (YYYY/MM/DD)	Day Care	Gym	Private School	Disability	Camps	RESP
1										
2										
3										

Dependent living with you in Canada (mother, father, grandmother, grandfather, in-laws?):

	First Name	Last Name	Date of Birth (YYYY/MM/DD)	Medical Reason	Disability	Low/Zero Income
1						
2						

Receipts and slips: 1. Proof of payments & receipts are mandatory for claims 2. You must retain them for CRA verification.

Rent paid \$ _____

Medical (dental, drugs, optical) ☐ Yes ☐ No

Public Transit Pass (TTC, Go) ☐ Yes ☐ No

Dontations ☐ Yes ☐ No

Union / Professional Fee ☐ Yes ☐ No

Tuition Fee (full time or part time) ☐ Yes ☐ No

Interest Paid on student loan ☐ Yes ☐ No

Safety Deposit Box Rental Fee ☐ Yes ☐ No

Property Tax paid \$ _____

Premium paid for Medical Insurance ☐ Yes ☐ No

RRSP (contribution or cash withdrawal) ☐ Yes ☐ No

RRSP withdrawals under HBP or LLP ☐ Yes ☐ No

RRSP repayment under HBP or LLP ☐ Yes ☐ No

First Time Home Buyer for the tax year ☐ Yes ☐ No

Investments (capital gain/loss) ☐ Yes ☐ No

Moving expenses ☐ Yes ☐ No

Installment tax payments ☐ Yes ☐ No

Disabilty tax credits (yours or spouse's) ☐ Yes ☐ No

Are you a newcomer to Canada? If yes, your entry date to Canada: _____
(YYYY/MM/DD)

Are you a new client? If yes, Referral Name: _____ Phone Number: _____

Comments: _____