



NEW CLIENT INFORMATION

Name: _____ Marital Status: _____
 Spouse Name: _____
 DOB (MMM-DD-YYYY): _____ Spouse DOB (MMM-DD-YYYY): _____
 SIN: _____ Spouse SIN: _____

Address: _____ City: _____ Postal Code: _____
 Home Phone: _____ Business Phone: _____
 Cell Phone: _____ Email Address: _____

DEPENDANTS 18 and under

1. Name: _____ DOB (MMM-DD-YYYY): _____
 2. Name: _____ DOB (MMM-DD-YYYY): _____
 3. Name: _____ DOB (MMM-DD-YYYY): _____
 4. Name: _____ DOB (MMM-DD-YYYY): _____
 5. Name: _____ DOB (MMM-DD-YYYY): _____

INFORMATION

	Yes	No
Have you ever filed a tax return?	___	___
Are you a Canadian citizen?	___	___
Do you want to provide and/or update your information for Elections Canada?	___	___
Do you authorize Freedom Business & Tax Centre to be a representative to CRA? (see attached form)	___	___
Do you authorize Freedom Business & Tax Centre to contact you via e-mail? (see attached form)	___	___
Did your marital status change in the tax year?	___	___
Did your last name change in the tax year?	___	___
Did you sell any property and/or a house in the tax year?	___	___
Did you own foreign property totaling more than \$100,000 in the tax year?	___	___
Are you claiming the Disability Tax Credit?	___	___
Did you reside on Tliche Lands in the tax year?	___	___
Do you categorize as 'Aboriginal' under the Indian Act?	___	___
Were you confined to prison for 90 days or more of the tax year?	___	___
Were you confined to prison at the end of the tax year and for more than 6 months?	___	___
Date of Death, if applicable _____		
Were you recommended to Freedom Business & Tax Centre by anyone? If so, by whom? _____		