

A Member Firm of The AC Group of Independent Accounting Firms Limited

**New Client Information Form**

**Business Info**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Year-end date: \_\_\_\_\_

Business Number: \_\_\_\_\_

Do you have access to your CRA online account? \_\_\_\_\_

Please authorize us as your representatives to access information and speak to the CRA on your behalf. Step-by-step instructions can be found at <http://canada.ca/en/revenue-agency/services/tax/representative-authorization/how.html>

<p><b>Are you a Canadian citizen?</b>          Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Do you have any foreign assets over \$100,000?</b>          Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Did you sell your principle residence recently?</b>          Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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**Individual Client Info**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

SIN: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Spouse: \_\_\_\_\_

SIN: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**Dependent Info** (name/DOB/sex)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<p><b>Preferred method of contact:</b>          Email <input type="checkbox"/>          _____          Phone <input type="checkbox"/>          _____</p>
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**For Office Use Only**

**Please check all that apply:** Principal: \_\_\_\_\_

T1  T2  T3  T4  T5  Review  Notice to Reader

HST  Bookkeeping  Other  Charity/Trust  Partnership

Health-related tax matters: \_\_\_\_\_ Other info: \_\_\_\_\_