

# 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

Disability 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: \_\_\_\_\_