

## Client Information for an Existing Client

Date received:

Log in Number (office use only):

Company name(if corporate client)

Phone # (best # to call during the evening):

Name:

Phone # ( best # to call during the day):

e-mail address:

Address (*only if you have moved in the last two years*)

Phone #(H):

(B):

(C)

Fax #:

***Fill out the following only for items that have changed since the previous taxation year***

**Marital status:**

**Spouse name:**

**Date of Birth:**

**SIN #:**

Dependant/ Children's name(s):

Dependant / Children's date of birth:

Dependant / Children's SIN if available:

**Any special information that we should be aware of:(new, changed, discontinued and/or unusual items)**

**Outstanding questions (for office use only) - Please note that return will not be started if missing data**

Incomplete information needed: