Client Information for a New Client

Date received:		Number (office use only):	
Name:	**Date of birth(dd/mm/yy):**		**SIN:**
Email address:			
Company name if corporate client:			
Phone #: (B):		**(H):**	
(Cell):		**Fax #:**	
Address:			
Marital status:	**Spouse name:**	**Date of Birth:**	**SIN #:**
Dependant / Children's names:			
Dependant / Children's date of birth:			
Dependant / Children's SIN if available:			
Please take few moments to fill out the following to help us serve you better.			
Have you been given our tax letter? If not, then please ask for a copy or visit www.goreca.com Please make sure you have provided us with all the information that applies to you.			
Referred by:			
Any special information that we should be aware of:			
Outstanding questions (for office use only)- Please note that return will not be started if missing data			
Incomplete, information needed:			
Date called:	By:		

TAX RETURN INTAKE AND TRACKING

PLEASE CHECK SLIPS PROVIDED

T3 (MUTUAL FUNDS)	
T4 (SALARY)	
T5 (INTEREST, DIVIDENDS)	
T5013 (LIMITED PARTNERSHIPS)	
T4A (P) (CPP)	
T4A (OAS) (OLD AGE)	
RRSP (purchase and withdrawals)	
RIF (withdrawals)	

PLEASE CHECK OTHER SOURCES OF INCOME

RENTAL INCOME	
BUSINESS INCOME	
STOCK TRADING (if trading summary is not included, it is important that you contact your broker to obtain this)	
HAS AN EXPENSE SUMMARY BEEN PREPARED BY YOU?	
DO YOU REQUIRE BOOKKEEPING ASSISANCE FROM OUR FIRM?	
SPECIAL INSTRUCTIONS	