



CLIENT INFORMATION FORM

Taxation year []

Province of residence as of December 31 of the taxation year []

Client

First name []
Last name []
Date of birth (yyyymmdd) []
SIN []

Partner

First name []
Last name []
Date of birth (yyyymmdd) []
SIN []

Current contact information

Address [] App. []
City [] Prov. [] Postal code []
Phone number [] Email (optional) []

Civil status

Single Common law partner Married Separated Divorced Widow
If civil status has changed Previous civil status []
Date of change (yyyymmdd) []

Partner

Do we treat the declaration of the partner? Yes No
If No, please indicate his / her income for the year
Federal Line 23600 [] CAD
Provincial Line 275 [] CAD
Have you lived alone during the full year? (excluding dependent person) Yes No

General information

Do you or your spouse own more than 100 000\$ of foreign assets? Yes No
A first home buyer in the year? Yes No
Did you sell your principal residence in the year? Yes No
Did you become a resident of Canada during the year? Yes No
- Date of arrival in Canada (yyyymmdd) []
- Your income before the date of arrival [] CAD
- Spouse's income before date of arrival [] CAD

Drug insurance

(Indicate the months that the situation applies)

With the government	Client	From [] to []	Partner	From [] to []
My own group insurance	From [] to []	From [] to []	From [] to []	
My partner/parents insurance	From [] to []	From [] to []	From [] to []	
Exception Working Holiday Program, Refugee	From [] to []	From [] to []	From [] to []	

Dependent persons

M F First name [] Last name []
Date of birth (yyyymmdd) [] SIN (if available) []
 M F First name [] Last name []
Date of birth (yyyymmdd) [] SIN (if available) []