

NEW CLIENT INFORMATION SHEET

Date: _____ Referred by: _____ New Existing

Marital Status	First Name	Last Name	DOB: MM/DD/YY	SIN	EFILE Y/N	Cdn. Citizen Y/N	Elec. Can. Y/N	For. Prop Y/N

Home Address:

Street _____ City _____, ON

PO Box # / Apt. # _____ Postal Code _____

Preferred Method of Contact:

Preference Ranking (1st, 2nd, 3rd)

Email: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Business Information:

Business Name: _____ CRA Business #: _____

Date Incorporated: _____

Type of Business Endeavour: _____

Year-End (MM/DD): _____ Files HST: M Q A (Q or D) Files Payroll: M Q

Software Used: QB SA Manual Software user ID: _____ Software PW: _____

Street _____ City _____, ON

PO Box # / Unit # _____ Postal Code _____

Business Phone: _____ Business Fax: _____

Web Page: _____

Former Accountant? Y / N Name & Address: _____

Email: _____

SCOPE OF WORK TO BE PERFORMED:

HST Payroll T2 & F/S for year ending: _____

Other work to be completed by our office: _____

Non-CRA deadlines specific to client: _____

For Internal Use:		
<input type="checkbox"/> D Corporate Tax	<input type="checkbox"/> T1-1 Pers Tax – Small Business	<input type="checkbox"/> T3-Trust
<input type="checkbox"/> E SR & ED	<input type="checkbox"/> T1-2 Pers Tax – Farm	<input type="checkbox"/> T4 Client
<input type="checkbox"/> F Financial Statements	<input type="checkbox"/> T1-3 Pers Tax – Rental	<input type="checkbox"/> T5 Client
<input type="checkbox"/> G Not for Profit (T3010)	<input type="checkbox"/> T1-4 Pers Tax - Employee	<input type="checkbox"/> T5018 Client
<input type="checkbox"/> H Bookkeeping	<input type="checkbox"/> T1-5 Pers Tax - Waterford	