



To help us prepare your tax returns, please complete this as required and return it to us as soon as possible
Please call 604-556-2216 for an appointment.

PERSONAL AND FAMILY DATA (please fill in for changes or if first year client)

Your Name _____ Spouse's Name _____

Your SIN _____ Spouse's SIN _____

Your Date of Birth _____ Spouse's Date of Birth _____

Home Address _____

Telephone #'s: Residence _____ Business _____ Cell _____

Email Address: _____ Business email address _____

Preferred method of correspondence (mail, email, fax) _____

Children under your care (indicate if by previous marriage of you or your spouse, or by adoption)

Name	Date of Birth	SIN	Income of Child

Other Dependents (*parents, disabled family members, etc.*)

Name	Date of Birth	Income	Relationship

1. If your marital status changed in the year, please provide details: _____

Date of change: _____ Separation Agreement: Yes No
(please provide us with a copy of separation agreement, if applicable)

2. Do you have direct deposit instructions in place? Yes No
If these need to be changed, provide details (i.e. new cancelled cheque)