

## New Client(s) Personal Information

**1. Basic Information**

	Taxpayer 1		Taxpayer 2
First Name	_____	First Name	_____
Last Name	_____	Last Name	_____
<b>2.</b> SIN	_____	SIN	_____
<b>3.</b> Date of Birth	_____	Date of Birth	_____
<b>4.</b> Address	_____	Address	_____
<b>5.</b> Email	_____	Email	_____
<b>6.</b> Tel. No.	_____	Tel. No.	_____
<b>7.</b> Marital status			
	Single	Married	Common-Law
	Separated	Divorced	Widowed

**Please provide your prior year T1(s).**