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## New Client(s) **Personal Information**

1.	Basic Information				
		Taxpayer 1			Taxpayer 2
	First Name			First Name	
	Last Name			Last Name	
2.	SIN			SIN	
3.	Date of Birth			Date of Birth	
4.	Address			Address	
5.	Email			Email	
6.	Tel. No.			Tel. No.	
7	Marital status				
	Single Separa		Married Divorced		Common-Law Widowed

Please provide your prior year T1(s).