

New Client Information

McIntosh Norton Williams
Chartered Professional Accountants

Please take a few moments to answer the following questions to assist us in getting to know you and enabling us to serve you best.

CLIENT PROFILE

First Name		Last Name		Social Insurance #	
Street Address				Apartment/Unit #	
City		Prov		Postal Code	
Phone		Email Address		Birthdate	
YES	NO	YES	NO	YES	NO
<input type="checkbox"/> Canadian Citizen		<input type="checkbox"/> US Citizen		<input type="checkbox"/> Disability	

SPOUSE PROFILE

First Name		Last Name		Social Insurance #	
Street Address				Apartment/Unit #	
City		Prov		Postal Code	
Phone		Email Address		Birthdate	
YES	NO	YES	NO	YES	NO
<input type="checkbox"/> Canadian Citizen		<input type="checkbox"/> US Citizen		<input type="checkbox"/> Disability	

Date of death (if applicable) _____

Single	Married	Common Law
Separated	Divorced	Widowed

If marital status changed in the year, please provide the date of change below.

_____ date of status change

DEPENDANTS

First Name *Last Name* *Social Insurance #*

Date of Birth *Relation* *Net Income*

First Name *Last Name* *Social Insurance #*

Date of Birth *Relation* *Net Income*

First Name *Last Name* *Social Insurance #*

Date of Birth *Relation* *Net Income*

REQUIRED DOCUMENTS

Please ensure that you have all of the following documents.

A copy of your prior year's tax return(s)

A copy of your prior year's Notice of Assessment(s)

All tax slips

Other relevant information for income, deductions, and credits

OFFICE USE

T1013 filed

RC59 (if applicable)

PROFILE created