



New Client Information Sheet

	Client	Spouse
Name	_____	_____
SIN	_____	_____
Birthdate	<input type="text"/>	<input type="text"/>
Marital Status	<input type="text"/>	
Home Phone	_____	
Mobile	_____	_____
Email	_____	_____
Apt #	_____	Street Address _____
City	_____	Postal Code _____

Dependant Children's Names	Birthdates
_____	_____
_____	_____
_____	_____
_____	_____

Self-Employed or Rental Income? _____

How did you hear about us?

Additional Information _____

Please Note: Your tax return is prepared by PV Tax based on the information provided.

