



# New Client Information Sheet

Client

Spouse

Name

\_\_\_\_\_

SIN

\_\_\_\_\_

Birthdate

YYYY / MM / DD

YYYY / MM / DD

Marital Status

Single / Married / Common-Law / Other: \_\_\_\_\_

Home Phone

\_\_\_\_\_

Mobile

\_\_\_\_\_

Email

\_\_\_\_\_

Street Address

\_\_\_\_\_

Apt #

\_\_\_\_\_

City

\_\_\_\_\_

Postal Code

\_\_\_\_\_

Dependant Children's Names

Birthdates

\_\_\_\_\_

YYYY / MM / DD

\_\_\_\_\_

YYYY / MM / DD

\_\_\_\_\_

YYYY / MM / DD

\_\_\_\_\_

YYYY / MM / DD

Self-Employed or Rental Income?

\_\_\_\_\_

How did you hear about us?

Online / Location / Referral / Other: \_\_\_\_\_

Additional Information

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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