

Client Information for a New Client

Date Received:		Number:	(Office use only)
Surname (last name)		Given Name(s)	
Date of Birth (yyyy/mm/dd) Year Month Day	SIN Number		Phone: (B) _____ (H) _____ (C) _____ Fax: _____

Company name if Corporate Client:			
Address: #:	Street:	City:	
Province:	Postal Code:		

Marital Status: Single Common Law Married Separated Divorced Widowed

Spouse's Name:	Surname:	Date of Birth: (YY/mm/dd) Year Month Day	SIN #:
Given Names:			
Dependent Child's Name:		Date of Birth: (YY/mm/dd) Year Month Day	SIN #: (if applicable)
Dependent Child's Name:		Date of Birth: (YY/mm/dd) Year Month Day	SIN #: (if applicable)

Please take few moments to fill out the following to help us serve you better.

Have you been given our tax letter? Yes No (If not, then please ask for a copy or visit www.lynorr.com)

Please make sure you have provided us with all the information that applies to you.

Referred by:	
Any special information that we should be aware of:	
Outstanding questions: (for office use only)	

Please note that return will not be started if missing data –(Incomplete, information needed)

Date Called: _____ By: _____

TAX RETURN INTAKE AND TRACKING: (PLEASE CHECK SLIPS PROVIDED)

- T3 Mutual Funds T4 Salary T5 Interest, Dividends T5013 Limited Partnerships
 T4A (P) (CPP) T4A (OAS) Old Age RRSP (Purchase & Withdrawals) RIF (Withdrawals)

Please check other sources of income:

- Rental income Business Income Stock Trading (if trading summary is not included it is important that you contact your broker to obtain this)

Has an expense Summary been prepared by you? Yes No

Do you require bookkeeping assistance from our firm Yes No