New Client Form

PAPPU TAX
ACCOUNTING • TAX • ADVISORY

COMPLETE THIS FORM AND PROVIDE AS MUCH INFORMATION ABOUT YOURSELF AS POSSIBLE.

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Is this a cell phone? Yes _____ No _____ Best time to call: _____

Email: _____ Preferred contact method: Phone ____ Email ____

Social Insurance Number (SIN): _____ Date of Birth (yyyy/mm/dd): _____

Province/Territory of Residence on December 31 of tax year being filed: _____

Marital Status on December 31 of your tax year:

☐ Single ☐ Married ☐ Common Law ☐ Widowed ☐ Divorced ☐ Separated

Spouse/Common Law Information *(if applicable)*

First Name: _____ Middle Initial: _____ Last Name: _____

Social Insurance Number (SIN): _____ Date of Birth (yyyy/mm/dd): _____

Net Income: **(if not filing together)** $_____ Disabled: Yes _____ No _____

Dependant Information *(if applicable) – living at same address*

First Name	Last Name	SIN	DOB (yyyy/mm/dd)	Relation	Net Income	Disabled (Y/N)

Thank you!

We appreciate your trust in Pappu Tax.

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Tax Year & Additional Information

For which tax year(s) would you like us to prepare your return? _____

1. Did you sell a residence, home or any property during the tax year? Yes _____ No _____
2. Have you claimed bankruptcy in the past two years? Yes _____ No _____
3. Are you self-employed or do you own your own business? Yes _____ No _____
4. Do you have foreign income? Yes _____ No _____
5. Do you have any RRSPs or other investments? Yes _____ No _____
6. Do you own any rental properties? Yes _____ No _____
7. Do you have employment expenses to claim? Yes _____ No _____
8. Do you have any of the following receipts:
   (receipts must be given with dropped off materials)
   ☐ Daycare ☐ Medical expenses ☐ Donations ☐ Political contributions
9. Do you pay or receive support? ☐ Pay ☐ Receive
   If yes: ☐ Child Support ☐ Spousal Support

Additional Information

Please provide any additional information:

_____

_____

_____

_____

Thank you!

We appreciate your trust in Pappu Tax.