

CLIENT INFORMATION SHEET

Name	Name
Birth Date /Year /MM /DD	Birth Date /Year /MM /DD
SIN	SIN
Home Phone	Home Phone
Mobile Phone	Mobile Phone
email	email
Secondary email	Secondary email
Do you have any income/expenses from the following activities? Self-Employment <input type="checkbox"/> Rental <input type="checkbox"/> Employment Expenses <input type="checkbox"/> Farming <input type="checkbox"/> <small>*If yes, please fill out the applicable worksheets</small>	Do you have any income/expenses from the following activities? Self-Employment <input type="checkbox"/> Rental <input type="checkbox"/> Employment Expenses <input type="checkbox"/> Farming <input type="checkbox"/> <small>*If yes, please fill out the applicable worksheets</small>

Mailing Address

Number & Street Name: _____ P.O. Box: _____ RR#: _____
 City: _____ Province: _____ Postal Code _____

Marital Status on Dec. 31: Married Living Common-law Widowed Divorced Separated Single
 If status changed during the tax year, 1. Enter date _____ 2. What status was reported the prior year? _____

Province of residence on Dec, 31 of tax year: Ontario Other Province? _____
 If your province of residence changed in the tax year, date of move? _____

Dependants that resided with you in the tax year.

#	First Name, Last Name (if different than yours)	Date of Birth YYYY /MM/DD	Are you eligible to claim this dependent? YES/NO	Relationship	Infirm or Disability to claim? YES/NO	Net Income (if applicable)
1.						
2.						
3.						
4.						
5.						

How Did You Hear About Solution One Financial?

I'm a Prior Client Friends or Family Website/Online Flyer/Postcard Store Sign Other _____

DO ANY OF THE FOLLOWING APPLY:

Universal Child Care Benefit? RC62 slip	Yes	No
Child Care?	Yes	No
Tuition for yourself or other family members?	Yes	No
RRSP Contributions – March to December; First 60 Days of 2018	Yes	No
HBP or LLP plans - any repayments?	Yes	No
Disability Tax Credit for self or other family members?	Yes	No
Sell your home or other property during 2017?	Yes	No
Medical expenses, extended health/dental insurance premiums?	Yes	No
Child or Spousal support payments?	Yes	No
Property Taxes or Rent?	Yes	No
Donations? Political Contributions?	Yes	No
Student Loan Interest?	Yes	No
Moving Expenses?	Yes	No
Healthy Home Renovations for Seniors?	Yes	No