

MCPA

**McGowan Chartered
Professional Accountant**

Date: _____, 20__

Client Information

| Information Required |

Spouse Information

Name

Birthday

SIN #

Address

City/Prov/PC

Main Phone

Email

Marital Status

Dependent's Information (if applicable)

1. Name _____ Birthday _____
2. Name _____ Birthday _____
3. Name _____ Birthday _____
4. Name _____ Birthday _____

Business Information (if applicable)

Company Name _____

GST Number _____

Year End Date _____ Incorporation Date _____

How did you hear about us? Radio Facebook Google Referral by _____

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