



**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 _____ Filing Frequency(Quarterly/Annually): _____

PST Number _____ Filing Frequency(Quarterly/Annually/Monthly): _____

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