



McGowan

Professional Corporation
Chartered Professional Accountant

Date: _____, 20__

Client Information

Information Required

Spouse Information

Name

Birthday

SIN #

Address

City/Prov/Postal Code

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): _____

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