

CLIENT INTAKE FORM

ROSE TAX & ACCOUNTING SERVICE

SIN_____

DATE OF BIRTH (YYYY/MM/DD) _____

PLEASE PROVIDE YOUR LEGAL NAME, AS ON YOUR SIN CARD

FIRST NAME(S)_____

LAST NAME _____

DTC FOR YOU OR FAMILY MEMBER? ☐ YES ☐ NO

MARITAL STATUS - DATE OF CHANGE _____

☐ MARRIED,
☐ COMMON-LAW
☐ WIDOWED
☐ DIVORCED
☐ SEPARATED
☐ SINGLE

EMAIL ADDRESS _____

PRIMARY PHONE # _____

STREET ADDRESS _____

APARTMENT/UNIT # _____

CITY & PROVINCE _____

POSTAL CODE _____

PROV OF RESIDENCE AS OF DEC 31ST FOR YEAR OF FILING _____

CITIZENSHIP
☐ CANADIAN
☐ RESIDENT
☐ NON-RESIDENT

ENTRY DATE _____ EXIT DATE _____

I GIVE PERMISSION FOR ROSE TAX SERVICE TO
SCAN, EMAIL, THEN DESTROY MY DOCUMENTS.

SIGNATURE _____

DATE _____

Family Information						
Please provide the information for family members relevant to your tax information. For example: Spouse, Child, Parent, Sibling, Grandparent, etc						
Name	Relationship	Date of Birth	SIN Number		DTC	Filing