

# ***Client GTP TAX SERVICES***

## ***Information Checklist***

<i><b>Social Insurance Number:</b></i>			
<i><b>First Name:</b></i>			
<i><b>Last Name:</b></i>			
<i><b>Address:</b></i>		<i><b>Apt. #:</b></i>	
<i><b>City:</b></i>			
<i><b>Province:</b></i>			
<i><b>Postal Code:</b></i>			
<i><b>Home Number:</b></i>			
<i><b>Cell Number:</b></i>			
<i><b>Date of Birth (M/D/Y):</b></i>			
<i><b>Email Address:</b></i>			
<i><b>Dependant #1: Full Name:</b></i>	<i><b>Dependant #2: Full Name:</b></i>	<i><b>Dependant #3: Full Name:</b></i>	
<i><b>Age (M/D/Y): (Date of birth)</b></i>	<i><b>Age (M/D/Y): (Date of birth)</b></i>	<i><b>Age (M/D/Y): (Date of birth)</b></i>	
<i><b>Spouse or Common-Law Partner:</b></i>	<i><b>Name:</b> _____</i> <i><b>Age (Date of birth) (M/D/Y):</b> _____</i> <i><b>Social Insurance Number:</b> _____</i>		
<i><b>Name of Business:</b></i>			
<i><b>Registered Business Number:</b></i>			
<i><b>STUDENT</b></i>	<b>TICK OFF BOX TO THE RIGHT</b>		