



# 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/SIN/Gender/Relationship \_\_\_\_\_
2. Name/Birthday/SIN/Gender/Relationship \_\_\_\_\_
3. Name/Birthday/SIN/Gender/Relationship \_\_\_\_\_
4. Name/Birthday/SIN/Gender/Relationship \_\_\_\_\_

## Proprietor Business Information (if applicable)

Company Name \_\_\_\_\_

GST Number \_\_\_\_\_ Filing Frequency(Quarterly/Annually): \_\_\_\_\_

PST Number \_\_\_\_\_ Filing Frequency(Quarterly/Annually/Monthly): \_\_\_\_\_

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