

## NEW CLIENT INFORMATION

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_  
(Y/M/D)

Spouse: \_\_\_\_\_

Birth date: \_\_\_\_\_  
(Y/M/D)

Marital Status: \_\_\_\_\_  
(Single / Married / Common-law / Divorced / Separated / Widowed)

If your marital status changed during the  
year, provide date: \_\_\_\_\_  
(Y/M/D)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (H) \_\_\_\_\_

(W) \_\_\_\_\_

(C) \_\_\_\_\_

Email: \_\_\_\_\_

Dependents:	Name:	Relation:	Birth date: (Y/M/D)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do any of the following situations apply to you or your spouse:

- A member of your family has a medical condition that impacts daily life activities
- Provide financial or other caregiving support to a family member inside or outside your home
- Owner of sole proprietorship/self-employed business
- Partner in partnership/self-employed business
- Own a rental property or rent space in your home
- Registered to collect HST on business or rental income
- Claim employment expenses as an employee

## Authorization/Cancellation request – signature page

**Instructions:**

1. Have the taxpayer or legal representative sign and date this page.
2. Retain a copy of the signed and dated signature page in your files for six years from the date that this information is transmitted to the CRA. Do not send us the signature page by mail or fax unless requested to do so.

**Representative information**

Rep ID  _ _ _ _ _ _ _ _ _ _	First name: _____	Last name: _____
Group ID G  _ _ _ _ _ _ _ _ _ _	Group name: _____	
Business number (BN) 8  _ _ _ _ _ _ _ _ _ _	Business name: <u>Lenise Davids CPA</u>	

**Taxpayer information**

Social insurance number  _ _ _ _ _ _ _ _ _ _	First name: _____	Last name: _____
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**Authorization information**

Level of authorization (level 1 or 2): <input style="width: 40px; text-align: center;" type="text" value="2"/>	Expiry date (optional) <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">Year</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Month</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Day</td> </tr> <tr> <td style="border: 1px solid black;"> _ _ </td> <td style="border: 1px solid black;"> _ _ </td> <td style="border: 1px solid black;"> _ _ </td> </tr> </table>	Year	Month	Day	_ _	_ _	_ _
Year	Month	Day					
_ _	_ _	_ _					

**Cancellation information**

Complete this section to cancel your representative(s) and remove their access to your information. Check the appropriate box.

 Cancel **all** representatives

or

 Cancel the representative listed below:

Rep ID  _ _ _ _ _ _ _ _ _ _	First name: _____	Last name: _____
Group ID G  _ _ _ _ _ _ _ _ _ _	Group name: _____	
Business number (BN)  _ _ _ _ _ _ _ _ _ _	Business name: _____	

**Signature information**
 Check if signed by the **legal representative** (power of attorney, legal guardian or parent of a taxpayer under the age of 16).

\_\_\_\_\_  
Name of taxpayer or legal representative

**Certification**

By signing and dating this page, you authorize the Canada Revenue Agency to interact with and/or cancel the representative(s) mentioned above.

X _____ Signature of taxpayer or legal representative	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">Year</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Month</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Day</td> </tr> <tr> <td style="border: 1px solid black;"> _ _ </td> <td style="border: 1px solid black;"> _ _ </td> <td style="border: 1px solid black;"> _ _ </td> </tr> </table> Date of signature	Year	Month	Day	_ _	_ _	_ _
Year	Month	Day					
_ _	_ _	_ _					