



NEW CLIENT INFORMATION SHEET

PERSONAL INFORMATION:

SPOUSE / PARTNER INFORMATION:

Name: _____	Name: _____
Nickname: _____	Nickname: _____
DOB: ____/____/____	DOB: ____/____/____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____

PHYSICAL ADDRESS: BILLING ADDRESS: (same as physical address)

Marital Status: Married / Separated / Divorced / Widowed / Single / Other: _____

DEPENDENT INFORMATION:

Resides with You? Student?

Name: _____ (DOB): ____/____/____	Y / N	Y / N
Name: _____ (DOB): ____/____/____	Y / N	Y / N
Name: _____ (DOB): ____/____/____	Y / N	Y / N
Name: _____ (DOB): ____/____/____	Y / N	Y / N

Were you referred to us? YES / NO Who? _____

What type of bookkeeping, profit strategy assistance are you looking for?

Are you an owner or beneficiary of any type of business or trust? YES / NO If yes, please list:



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