

AM BUSINESS SOLUTION

Accounting Bookkeeping & Tax Filing Services

MAXIMIZE YOUR BUSINESS WITH OUR SERVICES

Unit#11-1010 Dream Crest. Rd. Mississauga, ON. L5V 3A4
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Client Data Sheet

First Name _____ Last Name _____ M. Initial _____

Address Street # _____ Apt. # _____

City _____ Province _____ Postal Code _____

Tel. Home _____ Work _____ Cell _____

Date of Birth _____ SIN # _____ Email _____

Information about your Spouse or Common Law Partner

First Name _____ Last Name _____ M. Initial _____

Address Street # _____ Apt. # _____

City _____ Province _____ Postal Code _____

Tel. Home _____ Work _____ Cell _____

Date of Birth _____ SIN # _____ Email _____

Are you a Canadian Citizen Yes ☐ No ☐ Are you applying for GST Yes ☐ No ☐

Did you own or hold foreign property at any time in this year with a total cost of more than CAN\$100,000? Yes ☐ No ☐

Dependents

First Name _____ Last Name _____ D.O.B _____

First Name _____ Last Name _____ D.O.B _____

First Name _____ Last Name _____ D.O.B _____

Rent or Property Tax Payments Details

Address _____

Landlord or Property Management Name _____

Number of Months _____ x _____ Total _____

Tax Preparer Fee Payable by MasterCard/Visa/Cash/Cheque Total _____