



Suite 210, 556 North Nechako Road  
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## New Client / Contact Info Change Form

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### PERSONAL INFORMATION

Last Name(s): \_\_\_\_\_

First Name(s): \_\_\_\_\_

Street Address \_\_\_\_\_

City/Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### CONTACT INFORMATION

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Can we mail our newsletter to you at this email address? Y N

Other: \_\_\_\_\_

	Relationship (son/daughter?)	Last Name	First Name	S.I.N. Number	Date of Birth M / D / Y	Net Income
Taxpayer	N/A	Above	Above			See slips
Spouse	N/A					
Dependent #1						
Dependent #2						
Dependent #3						

Did you provide:

- Prior years' tax return or Notice of Assessment?
- All slips & receipts for the year? See Help us Help you checklist (over)

Whom may we thank for your referral or how did you hear about us? (Please provide details) \_\_\_\_\_

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***Thank you for the opportunity to be of service to you.***