

Personal Tax Client Intake Form

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|---|-------|--------------|-----|----|
| Client Name: | SIN: | D.O.B.: | | |
| Address: | City: | Province: | | |
| E-mail: | Tel: | Postal Code: | | |
| Did you and/or your spouse sell a principal residence home in the tax year? (If yes, fill out supplementary form 1) | | | Yes | No |
| Did you and/or your spouse owned any foreign income generating assets at any time in the tax year or any other foreign assets with a combined cost of more than \$100,000? (If yes, fill out supplementary form 2) | | | Yes | No |
| Are you (Client) Canadian Citizen ? | | | Yes | No |
| May CRA provide your name, address and SIN to Elections Canada? | | | Yes | No |
| MARITAL STATUS: Date marital status changed: | | | | |
| Spouse Name: | | | | |
| | SIN: | D.O.B.: | | |
| Is your spouse a Canadian Citizen ? | | | Yes | No |
| May CRA provide your spouses name, address and SIN to Elections Canada? | | | Yes | No |
| DEPENDENTS (If over 18 they must have their own intake form) | | | | |
| Name: | SIN: | D.O.B.: | | |
| Name: | SIN: | D.O.B.: | | |
| OTHER INFORMATION | | | | |
| ***NEW Do you want your T1 Returns Emailed in PDF or | | | Yes | No |
| Paper Copy | | | | |
| Do you want email notifications from CRA? Email (client): | | | Yes | No |
| Email (spouse): | | | | |
| Do we have permission to split-pension income with your spouse? (65 Years and older) | | | Yes | No |
| First time home buyer? (If yes, please fill out supplementary form 3) | | | Yes | No |

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| RRSP home buyer's plan? | Yes | No |
| Any family member(s) disabled? (If yes, please provide T2201 approval letter) | Yes | No |
| Are you signed up for direct deposit? (new clients only) | Yes | No |
| Do you have a tax free savings account? (client) (spouse) | Yes | No |
| Did you collect or repay any of the following: CERB, CESB, CRB, CRCB, CRSB? (client) (spouse) <i>The above payments/repayments will be reported on a T4A or a T4E if you received CERB through EI</i> | Yes | No |
| Did you work from home at more than 50% of the time for at least 4 consecutive weeks? (client) (spouse) | Yes | No |
| Home office expenses due to COVID19: (client) Detailed (T2200 or T2200s) Simplified # of days to claim? (spouse) Detailed (T2200 or T2200s) Simplified # of days to claim? | Yes | No |
| Do you have a child in a post secondary institution that will be transferring their tuition to you? | Yes | No |
| Do you have an incorporated company with us? Company name: | Yes | No |

Sole Proprietors

| | | |
|--|-----|----|
| Are you GST registered? | Yes | No |
| Does your business earn income from a website? Website name: % of gross income generated from website: | Yes | No |
| Provided a copy of the log book? | Yes | No |

I acknowledge that:

- 1. I must pick up all returns and sign the e-file authorization(s) before my return(s) will be transmitted.**
- 2. All services must be paid in full upon pick-up.**
- 3. I am responsible to check the status of my return after 2 weeks; I will not be notified of completion.**
- 4. We do not guarantee on time completion for returns dropped off after April 20, 2022.**
- 5. Changes made to returns after completion will have an additional cost of \$30.00.**

Signature: _____

Date: _____