

Personal Tax Client Intake Form

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				
How would you like your T1 returns? Please pick one.	PDF	Paper		
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		

RRSP home buyer's plan?	Yes	No
Any family member(s) disabled? (If yes, please provide T2201 approval letter)	Yes	No
Do you have a tax free savings account? (client)	Yes	No
(spouse)		
Did you collect or repay any of the following: CERB, CESB, CRB, CRCB, CRSB? (client)	Yes	No
(spouse) <i>The above payments/repayments will be reported on a T4A or a T4E if you received CERB through EI</i>		
Did you work from home at more than 50% of the time for at least 4 consecutive weeks? (client)	Yes	No
(spouse)		
Home office expenses due to COVID19: (client) Detailed (T2200 or T2200s) Simplified # of days to claim?	Yes	No
(spouse) Detailed (T2200 or T2200s) Simplified # of days to claim?		
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 19, 2023.**
- 5. Changes made to returns after completion will have an additional cost of \$30.00.**

Signature: _____

Date: _____