



## PERSONAL TAX CLIENT INTAKE FORM

### CONFIDENTIAL INFORMATION

This form collects information necessary for tax preparation services. All information provided will be kept strictly confidential in accordance with professional standards and privacy regulations.

#### A. Personal Information

##### Taxpayer Information

Full Legal Name:

Social Insurance Number (SIN):

Date of Birth (DD/MM/YYYY):

Current Address:

City:

Province:

Postal Code:

Email Address:

Phone Number:

Citizenship Status:

- Canadian Citizen
- Permanent Resident
- Temporary Resident
- Other (Please specify):

##### Spouse/Common-Law Partner Information (if applicable)

Full Legal Name:

Social Insurance Number (SIN):

Date of Birth (DD/MM/YYYY):

Email Address:

Phone Number:

Is your spouse's tax return being prepared by us?  Yes  No

##### Marital Status as of December 31 of the Tax Year

- Single
- Married
- Common-Law

- Separated
- Divorced
- Widowed

If your marital status changed during the tax year, please provide the date of change (DD/MM/YYYY): \_\_\_\_\_

## Dependent Information

For each dependent (children or other relatives you support):

### Dependent 1

Full Legal Name:

Relationship to you:

Social Insurance Number (SIN):

Date of Birth (DD/MM/YYYY):

Net Income for the tax year:

\$

Does this dependent live with you?

Yes  No

If part-time, number of months in the year:

### Dependent 2

Full Legal Name:

Relationship to you:

Social Insurance Number (SIN):

Date of Birth (DD/MM/YYYY):

Net Income for the tax year:

\$

Does this dependent live with you?

Yes  No

If part-time, number of months in the year:

## B. Residency Information

Were you a resident of Canada for the entire tax year?

Yes  No

If no, please provide:

Date of entry to or departure from Canada (DD/MM/YYYY): \_\_\_\_\_

Previous/new country of residence: \_\_\_\_\_

Are you considered a resident of another country under a tax treaty?

Yes (Country: \_\_\_\_\_)  
 No

## C. Income Sources

Please check all that apply for the tax year and provide supporting documentation:

### Employment Income

- T4 - Employment income
- T4A - Pension, retirement, annuity, or other income
- T4E - Employment insurance benefits
- T4AP - Canada Pension Plan benefits
- T4OAS - Old Age Security benefits
- T4PS - Profit sharing
- T4RIF - Registered Retirement Income Fund income
- T4RSP - Registered Retirement Savings Plan income
- Commission Income
- Foreign Employment Income

Did you work from home during the tax year?  Yes  No

If yes, did your employer require you to work from home?  Yes  No

Total days worked from home: \_\_\_\_\_

### Self-Employment Income

- Sole proprietorship/unincorporated business
- Partnership
- Professional income
- Farming income
- Fishing income

### Investment Income

- T3 - Trust income
- T5 - Investment income (interest, dividends)
- T5008 - Securities transactions
- T5013 - Partnership income
- Foreign investment income
- Capital gains/losses from sale of stocks, bonds, property
- Cryptocurrency transactions

### Rental Income

- Rental property income in Canada
- Foreign rental property income

Address of rental property(ies): \_\_\_\_\_

### Other Income

- Alimony/spousal support received
- Child support received (if taxable)
- Foreign pension income
- Scholarship, fellowship, bursary, or grant income
- Other income not listed above (please specify): \_\_\_\_\_

### D. Deductions and Credits

Please check all that apply for the tax year and provide supporting documentation:

#### Deductions

- RRSP contributions
- Union or professional dues
- Childcare expenses
- Moving expenses (moved 40km+ closer to work/school)
- Alimony/spousal support paid
- Home office expenses for employees
- Employment expenses (T2200 required)
- Interest paid on investment loans
- Interest paid on student loans
- Medical expenses
- Digital news subscription expenses
- Northern residents' deduction
- Other deductions not listed (please specify): \_\_\_\_\_

#### Tax Credits

- Charitable donations
- Political contributions
- Tuition fees (T2202)
- Home accessibility expenses
- Disability tax credit (for you or dependents)
- Caregiver amount
- First-time home buyer's tax credit
- Home renovation tax credits (provincial/territorial)
- Climate action incentive
- Other tax credits not listed (please specify): \_\_\_\_\_

## E. Foreign Reporting Requirements

Did you own foreign property at any time during the tax year with a total cost of more than \$100,000 CAD?  Yes  No

If yes, please provide details (T1135 required): \_\_\_\_\_

Do you have foreign bank accounts?  Yes  No

## F. Prior Year Tax Information

Are we preparing your tax return for the first time?  Yes  No

If yes, please provide:

- Copy of last year's tax return
- Copy of Notice of Assessment from your most recent tax filing
- Any reassessments received in the past 3 years

## G. Life Events During the Tax Year

Please check any that apply:

- Purchased a home
- Sold a home
- Started a business
- Closed a business
- Changed employment
- Retired
- Marriage or common-law relationship began
- Separation or divorce
- Birth or adoption of a child
- Death in the family
- Emigrated from or immigrated to Canada
- Declared bankruptcy
- Other significant event: \_\_\_\_\_

## I. Electronic Filing and Communication Consent

Do you authorize us to:

E-file your tax return with the CRA.  Yes  No

Register for CRA online mail (if not already registered).  Yes  No

Communicate with you via email regarding your tax affairs.  Yes  No

Obtain information from CRA on your behalf as needed.  Yes  No

Represent you to CRA regarding this tax return?  Yes  No

## J. Additional Information

Please provide any additional information that you believe may be relevant to your tax situation:

### Certification

I certify that the information provided in this questionnaire is, to the best of my knowledge, true, correct, and complete. I understand that this information will be used to prepare my income tax return, and I will be responsible for any penalties or interest that may result from incomplete or inaccurate information that I have provided.

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for completing this questionnaire. Please return it along with all relevant tax documents and receipts.*

### OFFICE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Client ID: \_\_\_\_\_ Assigned to: \_\_\_\_\_

Notes: \_\_\_\_\_