

- PROVINCE OF RESIDENCE AT DEC 31 _____

- DID YOU SELL YOUR PRINCIPAL RESIDENCE THIS PAST YEAR?

Y N

- DID YOU OWN OR HOLD FOREIGN PROPERTY AT ANY TIME IN THE YEAR WITH A TOTAL COST OF MORE THAN CAN\$100,000?

Y N

- DO YOU AUTHORIZE CANADA REVENUE TO PROVIDE YOUR NAME, ADDRESS, DATE OF BIRTH, AND CITIZENSHIP TO ELECTIONS CANADA TO UPDATE ELECTORAL VOTING LISTS

Y N

- DO YOU WISH TO HAVE ANY REFUNDS DIRECT DEPOSITED OR TO CHANGE INFORMATION ON FILE?

Y N

NEW CLIENTS: WE REQUIRE - A COPY OF PRIOR YEAR TAX RETURNS AND NOTICES OF ASSESSMENT

ENCLOSED?

Y N

TAXPAYER 1

FULL NAME _____

BIRTH DATE _____

SIN (if new client) _____

Did your Marital Status Change This year Y N

If yes Date of Change: _____

MARITAL STATUS (circle one): MARRIED, COMMONLAW, DIVORCED
SINGLE, SEPARATED, WIDOW

ADDRESS _____

HOME PHONE _____

FAX _____

CELL (HIS) _____

CELL (HERS) _____

Email: _____

ARE YOU A CANADIAN CITIZEN? Y N

TAXPAYER 2

FULL NAME _____

BIRTH DATE _____

SIN (if new client) _____

IF WE ARE NOT COMPLETING SPOUSE'S RETURN,
WHAT WAS HIS/HER NET INCOME? _____

IS HE/SHE A CANADIAN CITIZEN? Y N

DEPENDANTS

(Children, Elderly family members living with you)

NAME (FIRST AND LAST)	M/F	BIRTHDATE	INCOME

Do you want an email copy of return and a link to pay our bill online?

Y N

If, so please Provide Email: _____

Do you want to pick up and pay for your return at our office?

Y N

PLEASE MARK CHECKLIST ON THE BACK OF THIS PAGE AND SUBMIT SLIPS, ETC

PLEASE SIGN HERE: _____ DATE SIGNED: _____

DEDUCTIONS AND CREDITS

	YES	NO		YES	NO
DO YOU OWN A FARM/BUSINESS/RENTAL	<input type="checkbox"/>	<input type="checkbox"/>	CHILD CARE	<input type="checkbox"/>	<input type="checkbox"/>
- PLEASE PROVIDE INVENTORY LIST	<input type="checkbox"/>	<input type="checkbox"/>	MEDICAL	<input type="checkbox"/>	<input type="checkbox"/>
- ODOMETER READINGS FROM VEHICLES	<input type="checkbox"/>	<input type="checkbox"/>	DONATIONS	<input type="checkbox"/>	<input type="checkbox"/>
- CAPITAL PURCHASE RECEIPTS	<input type="checkbox"/>	<input type="checkbox"/>	TUITION	<input type="checkbox"/>	<input type="checkbox"/>
- CAPITAL PURCHASE LOAN DETAILS	<input type="checkbox"/>	<input type="checkbox"/>	INTEREST ON STUDENT LOANS	<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYMENT EXPENSES?	<input type="checkbox"/>	<input type="checkbox"/>	MOVING EXPENSES	<input type="checkbox"/>	<input type="checkbox"/>
INVESTMENT COSTS (SAFE DEP BOX, INTEREST)	<input type="checkbox"/>	<input type="checkbox"/>	SPOUSAL SUPPORT PAYMENTS	<input type="checkbox"/>	<input type="checkbox"/>
DISABILITY	<input type="checkbox"/>	<input type="checkbox"/>	FIRST TIME HOME BUYER	<input type="checkbox"/>	<input type="checkbox"/>
CAREGIVER	<input type="checkbox"/>	<input type="checkbox"/>	INSTALLMENTS PAID?	<input type="checkbox"/>	<input type="checkbox"/>
ADOPTION EXPENSES	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

TAXPAYERS WITH PENSION INCOME - IF BENEFICIAL, DO YOU WISH TO SPLIT WITH SPOUSE? Y N

DID YOU SELL REAL ESTATE/BONDS/STOCKS/MUTUAL FUNDS/FARM PROPERTY/SMALL BUSINESS? PLEASE PROVIDE DETAILS

ARE THERE ANY NEW OR PECULIAR DETAILS PERTAINING TO YOUR TAX SITUATION THIS PAST YEAR?

DO YOU HAVE ANY FURTHER COMMENTS/QUESTIONS FOR US?
