

New Client Information

PERSONAL INFORMATION

Full Name	S.I.N.	Birthdate (mm/dd/yyyy)	Citizenship
Apt./Suite – Building Number Street Name, City, Postal Code			Marital Status
Phone	Cell	Fax	Email
Are you or any of your family members: 1) Physically or mentally impaired? YES <input type="checkbox"/> NO <input type="checkbox"/>			
2) A Northern Resident? YES <input type="checkbox"/> NO <input type="checkbox"/>			

SPOUSE INFORMATION

Full Name	S.I.N.	Birthdate (mm/dd/yyyy)	Citizenship
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DEPENDENT INFORMATION

Full Name – Child 1	S.I.N.	Birthdate (mm/dd/yyyy)	Citizenship
Gender (for tax purposes):	Attended Post-Secondary Education? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If yes, please attach T2202A</i>	Amounts for Fitness/Arts? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If yes, please attached receipts</i>	
Full Name – Child 2	S.I.N.	Birthdate (mm/dd/yyyy)	Citizenship
Gender (for tax purposes):	Attended Post-Secondary Education? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If yes, please attach T2202A</i>	Amounts for Fitness/Arts? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If yes, please attached receipts</i>	
Full Name – Child 3	S.I.N.	Birthdate (mm/dd/yyyy)	Citizenship
Gender (for tax purposes):	Attended Post-Secondary Education? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If yes, please attach T2202A</i>	Amounts for Fitness/Arts? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If yes, please attached receipts</i>	

For additional children, please attach another worksheet.

QUESTIONNAIRE

- Did your **marital status** change during the tax year? YES NO
Date of change _____
- Did you or your spouse **change names** during the tax year? YES NO
- Did you or your spouse earn **rental or self-employment** income during the tax year? YES NO
- Did you **move over 40 km** in the tax year for a new job or business? YES NO
- Did you or your spouse **buy or sell a home** during the tax year? YES NO
- Did you or your spouse **hold any investments** during the tax year? YES NO
- Did you or your spouse pay any **employment expenses**, that were not reimbursed by your employer, during the tax year? YES NO

8. Additional detail:

TAX CHECKLIST

GENERAL INFORMATION

- | | |
|--|---|
| <input type="checkbox"/> Signed T1 Engagement Letter | <input type="checkbox"/> Eligible dependent's income |
| <input type="checkbox"/> Notice of (re)assessment for prior year | <input type="checkbox"/> Alimony/maintenance paid or received |
| <input type="checkbox"/> Income tax instalments paid | <input type="checkbox"/> Disability certificate (T2201) |
| <input type="checkbox"/> Direct deposit information (blank cheque) | <input type="checkbox"/> Tax shelters |
| <input type="checkbox"/> Spouse's net income | <input type="checkbox"/> Other: |

EMPLOYMENT AND PENSION INCOME

- | | |
|---|--|
| <input type="checkbox"/> Employment T4 or T4A slips | <input type="checkbox"/> T2200 Employer authorization for expenses |
| <input type="checkbox"/> Pension T4A, T4OAS, or T4AP slips | <input type="checkbox"/> Automobile expenses (if eligible) (worksheet online) |
| <input type="checkbox"/> Employment insurance slips | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Employment and commission expense receipts/details | <input type="checkbox"/> Other: |

SELF-EMPLOYMENT INCOME

- | | |
|--|--|
| <input type="checkbox"/> Self-employment income and expenses (worksheet online) | <input type="checkbox"/> Automobile expenses (if eligible) (worksheet online) |
| <input type="checkbox"/> Business use of home expenses (worksheet online) | <input type="checkbox"/> Other: |

INVESTMENT INCOME

- | | |
|--|---|
| <input type="checkbox"/> RRSP contribution slips | <input type="checkbox"/> Interest paid on non-registered investments |
| <input type="checkbox"/> RRSP, DPSP, RPP, RRIF, RESP withdrawal slips | <input type="checkbox"/> Investment counsel fees |
| <input type="checkbox"/> Interest/dividends/capital gains T5/T5013 slips | <input type="checkbox"/> Mutual fund investment summary statements |
| <input type="checkbox"/> Estates/trusts/mutual fund T3 slips | <input type="checkbox"/> Foreign income and foreign tax paid |
| <input type="checkbox"/> Other investments T5013/T5008 slips | <input type="checkbox"/> List of foreign properties owned (Cost over \$100,000) |
| <input type="checkbox"/> Summary of gains and losses | <input type="checkbox"/> Other: |

REAL ESTATE AND RENTAL INCOME

- | | |
|--|--|
| <input type="checkbox"/> Rental income and expenses (worksheet online) | <input type="checkbox"/> Sale of real estate – Lawyer statement of adjustments |
| <input type="checkbox"/> Change in use of property (principal residence to/from rental property) | <input type="checkbox"/> Sale of real estate – Details (incl. principal residence) |

TAX DEDUCTIONS AND CREDITS

- | | |
|--|---|
| <input type="checkbox"/> Charitable donation receipts (Indicate if gift "in-kind") | <input type="checkbox"/> Tuition fees paid (T2202A – signed by student) |
| <input type="checkbox"/> Political donation receipts | <input type="checkbox"/> Tuition amounts transferred from a child |
| <input type="checkbox"/> Medical expense receipts/details | <input type="checkbox"/> Student loan interest statements |
| <input type="checkbox"/> Moving expense receipts/details | <input type="checkbox"/> Monthly transit passes |
| <input type="checkbox"/> Child fitness/art receipts | <input type="checkbox"/> Union/professional dues |
| <input type="checkbox"/> Child care expense receipts/details (incl. names & SIN of recipients) | <input type="checkbox"/> Accounting fees paid |
| <input type="checkbox"/> Universal child care benefit RC62 slip | <input type="checkbox"/> Other: |