

Information we are waiting for:

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Questions:

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## New Client Information

Single  / Couple

Marital Status: \_\_\_\_\_

Name: \_\_\_\_\_ SIN: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ SIN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Has your address changed since last year: Yes  / No

DOB: \_\_\_\_\_ Spouse's DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Spouses' Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Rent / Property Tax Paid: \_\_\_\_\_

Dependants: \_\_\_\_\_ DOB: \_\_\_\_\_ M  / F  SIN: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_ M  / F  SIN: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_ M  / F  SIN: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_ M  / F  SIN: \_\_\_\_\_

Do you have direct deposit with the CRA: Yes  / No  Sign up?: Yes  / No

Bank Account Info:

Branch # \_\_\_\_\_ Institution # \_\_\_\_\_ Bank Account # \_\_\_\_\_

Did you sell any property in 2024? Yes  / No

Any capital gains to report? Yes  / No

Are you interested in pension splitting? Yes  / No

Anyone in family with a disability or infirmity of any type? Yes  / No

Any childcare expenses, including day camp (name & address of sitter req.) Yes  / No

Do you contribute to an RSP? Yes  / No  Within 1<sup>st</sup> 60 days of this year? Yes  / No

Seniors: Any home renovations in 2024? Yes  / No

Did you move at least 40km closer to your place of employment? Yes  / No

Any taxable or deductible alimony or support? Yes  / No

Are you a first time home buyer? Yes  / No

Any homebuyer plan payments? (borrow from RSP's to purchase a home) Yes  / No

Any tuition paid or transferred from dependants? Yes  / No

Any medical expenses totaling over 3% of income? Yes  / No   
*If yes, please fill out Medical Expense sheet*

Seniors: Any monthly or annual public transit passes? Yes  / No

Did you care for a parent/grandparent? (provide food, shelter or clothing) Yes  / No

Did you pay any interest on any student or investment loans? Yes  / No

Union or professional dues? Yes  / No

Tax prep, Accounting, Legal fees? Yes  / No

Home business? Yes  / No  HST registered? Yes  / No  # \_\_\_\_\_  
*If yes, please see Business Expense sheet*

Rental Income? Yes  / No

Employment Expenses? (use car for work, or use home office?) Yes  / No   
*If yes, do you have a signed T2200? Yes  / No*

As a tradesperson, do you have out of town work expenses? Yes  / No

OK to give name, address and DOB to elections Canada? Yes  / No

OK to give information to Ontario Health re: organ donation? Yes  / No

Did you own foreign property costing more than CAD \$100,000? Yes  / No

Any other income to report not included above? Yes  / No  \_\_\_\_\_

T183 (E-file consent/authorize form) signed? Yes  / No

Authorize a Representative form signed? Yes  / No

Other information: \_\_\_\_\_

The accuracy of the information and completeness of the representations reflected in your return is your responsibility under the Income Tax Act. You acknowledge that the information supplied to us is correct and complete, and fully discloses all of your reporting requirements under the Income Tax Act.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_