

Personal Taxes - Client Intake Form

Meeting Date: _____ ID Copy: Yes No

1. Personal Information

	Full Name	SIN	Date of Birth (DD/MM/YYYY)	M/F
Client				
Spouse				
Dependent 1				
Dependent 2				

Marital Status: Single Married Common Law Separated Divorced Widowed

If marital status has changed, date of change: _____

Address (including city, province, postal code) _____

Phone (cell, home, work) _____

Emails _____

2. Real Estate Property

Info Required

Did you purchase or sell your principal residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	purchase price, purchase date
Are you a first-time home buyer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	sale price, date of sale
Own an investment property? Domestic or foreign?	<input type="checkbox"/> Yes <input type="checkbox"/> No	rental income statement WS
Do you have rental incomes and expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	rental income statement WS

3. Special Situations

Do you own any investments / property outside Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Form T1135, details required
Do you have a disability? Pay for disability support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete Form T2201
Do you support someone who has a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide receipts
Do you pay for certain employment expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	T2200 - signed by employer
Did you move due to work or school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Prev address, travel exp, meals, accommodation, costs of selling old res, purchasing new res
Distance between your old home and work/school?	_____	
Distance between your new home and work/school?	_____	
Did you adopt a child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	full name, SIN, date of birth
adoption agency fees, court costs, legal fees, document translation fees, travel, immigration fees, government fees		

Did you immigrate to Canada during last year? Yes No date of entry: _____
 Do you live in a prescribed northern zone? Yes No

Do you have income from the US? Yes No employment? investment?
 Details of US income/expenses, copy of most recent US1040 business? rental?

4. Self-Employment

Are you self-employed? If yes, type of business? Yes No income statement WS

Have you registered for HST? Yes No HST number

5. All Income Sources

Income Sources

- T4 - Employment
- T4A - Commission, Self-employed
- T5 - Investment Income
- T3 - Investment Income
- T4PS - Investment Income
- T5008 - Securities Transactions
- T4E - Employment Insurance
- T5013 - Partnership Income
- T4RSP - Income from RSP
- T5007 - Workers Compensation
- T5007 - Social Assistance
- T5018 - Contractors Income
- T4A(OAS)
- T4A(P) - CPP
- T4A(P) - Disability
- T4A(RCA)
- T4RIF - Registered Retirement Income Funds
- Research grants
- Support payments received
- Commissions
- Royalties
- Foreign pensions
- Any other income

Deductions

- RRSP contributions
- Company pension RPP
- Union dues
- Professional association fees
- Childcare expenses
- Moving expenses
- Support payments paid
- Carrying charges for investments
- Employment expenses - T2200
- Installment taxes

Credits

- Property taxes (condo/home)
- Rent (home/apt/condo)
- Medical expenses
- Charitable donations
- Interest paid on student loans
- Tuition amounts - T2202A
- Disability certificate - T2201
- Home accessibility expenses
- Home buyers' amount
- Previous year NOA / tax return (if available)

6. New Client Acceptance Checklist

Has client integrity been considered? Yes No N/A
 Has the client's reputation/image been considered? Yes No N/A
 Has the client's business acumen been considered? Yes No N/A
 Do we have internal competence to perform engagement? Yes No N/A
 Do we have internal resources to complete and deliver work on time? Yes No N/A
 Independence - Non-assurance: no significant threats to independence? Yes No N/A
 Is our firm free of any conflicts of interest with the client? Yes No N/A

Are there any issues to the collection of professional fees?
Have we screened the client? Initial assessment to move forward?
Decision made to accept client

Yes No N/A
 Yes No N/A
 Accept Decline