



Chartered Professional Accountant
 225 – 1855 Kirschner Road, Kelowna, BC V1Y 4N7
 P: (236) 420 – 4801 | E: info@creeksideaccounting.ca

PERSONAL INTAKE FORM
(FOR INDIVIDUALS AND NON-INCORPORATED BUSINESSES)

Primary Contact Information

| | | | |
|---|-------|-----------------------------------|--|
| First, Middle, Last Name | | | |
| Preferred Name | | <input type="checkbox"/> Single | <input type="checkbox"/> Common-Law <input type="checkbox"/> Married |
| SIN | | <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated <input type="checkbox"/> Widowed |
| Date of Birth (M / D / Y) | Phone | | |
| Occupation | Email | | |
| Has your marital status changed? <input type="checkbox"/> No <input type="checkbox"/> Yes | | Date of change: | Previous status: |

Spouse / Partner's Contact Information

| | | | |
|--|-------|--|--|
| First, Middle, Last Name | | | |
| Preferred Name | | <input type="checkbox"/> Single | <input type="checkbox"/> Common-Law <input type="checkbox"/> Married |
| SIN | | <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated <input type="checkbox"/> Widowed |
| Date of Birth (M / D / Y) | Phone | | |
| Occupation | Email | | |
| Will Creekside Accounting be filing a tax return for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If no, what is their net income: _____ | |
| Has their marital status changed? <input type="checkbox"/> No <input type="checkbox"/> Yes | | Date of change: | Previous status: |

Your Current Mailing Address

| | |
|-----------------------------|--|
| Street Address | |
| City, Province, Postal Code | |

OPTIONAL ADD-ONS

| | | |
|---|---|---|
| Would you like to purchase a \$95 Audit Response package for your family? | <input type="checkbox"/> Yes <input type="checkbox"/> No | When purchased in conjunction with tax return services, a \$95 Audit Response investment provides first-responder services free of charge in the event of an audit. Services are transferrable and can be used by any family member whose return is on the invoice. |
| Would you like to expediate the preparation of your returns for \$25 per person? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Jump the line and have your tax returns prepared more quickly with a \$25 per person investment. We'll prioritize your returns to get you in and out more quickly. |
| Would you like to save time and purchase a \$15 no hassle document return option? | <input type="checkbox"/> Yes <input type="checkbox"/> No | With a \$15 no hassle document return option we'll package and mail your families personal documents to you upon the completion of your tax services. Save time on pickup and have your documents mailed. |

REAL ESTATE

| | | | |
|--|--|--|--|
| Have you sold a property in the past 18 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (If yes, please provide the purchase and sale Statements of Adjustments) | |
| Was this home your principal residence (PR)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Did you own any other property during the time you are designating this home as your PR? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you collect rental income, provide the address: | | | |

MOVING

| | | | |
|--|--|--|--|
| Previous mailing address (if moved in past 18 mo.) | | | |
| Did you move more than 40kms for work? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Approximate date of move: | |
| Did you own the home you previously lived in? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, are you now renting out this home? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



Chartered Professional Accountant
 225 – 1855 Kirschner Road, Kelowna, BC V1Y 4N7
 P: (236) 420 – 4801 | E: info@creeksideaccounting.ca

ANNUAL INQUIRIES

| | |
|--|--|
| Do you own any foreign property or foreign investments (including US stocks) with a total cost of more than \$100,000? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a Canadian Citizen? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Would you like to update your name, address, and date of birth with Elections Canada? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PERSONAL CONSIDERATIONS

Dependents (Children Under 18, Post-Secondary Students, Disabled Individuals, Elderly Parents)

| Name | Birthdate | SIN | Relationship | Tax Return to Be Filed? |
|------|-----------|-----|--------------|--|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

OTHER INFORMATION

| | |
|--|--|
| Type of Services Requested | <input type="checkbox"/> Personal Taxes <input type="checkbox"/> Excel Summary / Bookkeeping <input type="checkbox"/> Payroll <input type="checkbox"/> PST <input type="checkbox"/> GST <input type="checkbox"/> Retirement Consult GST / CRA Number: _____ PST Number: _____ |
| How did you hear about us? | |
| How would you like to authorize Creekside Accounting as a representative (required before services can begin)? | <input type="checkbox"/> Grant immediate access through your personal CRA MyAccount or by calling CRA (1-800-959-8281): <ul style="list-style-type: none"> • Creekside Accounting Ltd.'s business number 755066693 • Level 2 Access > No Expiry Date (please) <input type="checkbox"/> I will sign an authorization form (this may take several e-filing / re-signature attempts) |

Bookkeeping Services Preferences (If You've Opted-In for Our Bookkeeping Services)

| | |
|--------------------------------|---|
| Bookkeeping program preference | <input type="checkbox"/> Sage50 <input type="checkbox"/> QuickBooks Online <input type="checkbox"/> Excel |
| Bookkeeping type | <input type="checkbox"/> Full-Cycle Bookkeeping (Bank Reconciliations & Receivable / Payable Tracking – Higher Fees / Better Info) <input type="checkbox"/> Income / Expense Summary Only (No Bank Reconciliations or Receivables / Payables Tracking) |

SERVICE PREFERENCES

| | |
|--|---|
| What are your expectations for our services? | |
| What would exceed your expectations? | |
| Your preferred communication method: | <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text |
| Preferred records format: | <input type="checkbox"/> Paper <input type="checkbox"/> Electronic / PDF |

Any questions for the accountant? _____

Client Name: _____ Date: _____