# intake form (For Individals and Non-Incorporated Businesses)

|  |
| --- |
| **Primary Contact Information** |
| First, Middle, Last Name |  |
| Preferred Name |  | [ ]  Single | [ ]  Common-Law [ ]  Married  |
| SIN  |  | [ ]  Divorced | [ ]  Separated [ ]  Widowed  |
| Date of Birth (M / D / Y) |  | Phone |  |
| Occupation |  | Email |  |
| **Spouse / Partner’s Information** |
| First, Middle, Last Name |  |
| Preferred Name |  | [ ]  Single | [ ]  Common-Law [ ]  Married  |
| SIN  |  | [ ]  Divorced | [ ]  Separated [ ]  Widowed  |
| Date of Birth (M / D / Y) |  | Phone |  |
| Occupation |  | Email |  |
| Will Creekside Accounting be filing a tax return for this person? [ ]  Yes [ ]  No | If no, what is their net income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Current Mailing Address** |
| Street Address |  |
| City, Province, Postal Code |  |

# Annual Inquiries

|  |  |
| --- | --- |
| Have you sold a property in the past 18 months? | [ ]  Yes [ ]  No (If yes, please provide the purchase and sale Statements of Adjustments) |
| Was this home your principal residence (PR)? | [ ]  Yes [ ]  No | Did you own any other property during the time you are designating this home as your PR?  | [ ]  Yes [ ]  No |
| Do you own any foreign property or foreign investments (including US stocks) with a total cost of more than $100,000? |  [ ]  Yes [ ]  No |
| Any connections to the US? Born in the US / parent is a US citizen?Spent more than 181 days in the US? | [ ]  Yes [ ]  No[ ]  Yes [ ]  No | Are you a Canadian Citizen?Would you like to update your name, address, and date of birth with **Elections Canada**?  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |

# Personal considerations

|  |
| --- |
| Dependents (Children Under 18, Post-Secondary Students, Disabled Individuals, Elderly Parents) |
| Name | Birthdate | SIN | Relationship | Tax Return to Be Filed? |
|  |  |  |  | [ ]  Yes [ ]  No |
|  |  |  |  | [ ]  Yes [ ]  No |
| Marital Status Change (if changed in the past 18 months) |
| Previous Marital Status  |  | Date of Change |  |
| Previous Mailing Address (if moved in the past 18 months) |
| Previous Mailing Address  |  |
| Did you move more than 40kms for work? |  [ ]  Yes [ ]  No | Approximate date of move:  |
| Did you own the home you previously lived in? |  [ ]  Yes [ ]  No | If yes, are you now renting out this home? |  [ ]  Yes [ ]  No |

# Other Income Information

|  |  |  |  |
| --- | --- | --- | --- |
| Are you collecting rental income? |  [ ]  Yes [ ]  No | Is any of this short term (under 30 days) |  [ ]  Yes [ ]  No |
| Address of rental property: |  |
| Do you have any other income sources (skip the dishes driver, waitressing tips, crowdfunding recipient, etc.)? | If yes, please describe / provide income amounts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Tax Credit/Deduction Update

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Union/professional fees |  | Moving expenses |  | Student loan interest |  |
| Childcare expenses |  | Caregiver Amount |  | Tuition/education |  |
| Child/Spousal support payments |  | Apprentice or Tradesperson |  | Extended health plan (excluding MSP) |  |
| Charitable/political donations |  | Working From Home |  | Medical expenses (pharmacy summary please) |  |
| First time home buyer |  | Disability tax credit |  | Educator school supply tax credit |  |
| Volunteer fire fighter / SAR |  | Senior’s home renovation tax credit |  | RRSP Contributions |  |

# Other information

|  |  |
| --- | --- |
| What types of services do you need? | [ ] Personal Taxes [ ]  Annual Excel Summary / Bookkeeping [ ] Payroll [ ] PST [ ] GST GST / CRA Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PST Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Bookkeeping program preference | [ ]  Sage50 [ ]  QuickBooks Online [ ]  Excel Summary |
| How did you hear about us? |  |
| What are your expectations for the services we’ll provide? |  |
| Preferred contact method: | [ ]  Phone [ ]  Email [ ]  Text |
| Records format preference: | [ ]  Paper [ ]  Electronic / PDF Download Required by Client |
| Would you like a wrap up meeting (to review, sign, and pickup)? | [ ]  Yes – In Person [ ]  Yes – By Phone [ ]  No – By Portal/Email/Mail – recommendations will be provided in email format |
| How would you like to authorize Creekside Accounting as a representative (required before services can begin)? | [ ]  Grant immediate access through your personal CRA [MyAccount](https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals/account-individuals.html) or by calling CRA (1-800-959-8281): * Creekside Accounting Ltd.’s business number **755066693**
* **Level 2 Access > No Expiry Date (please)**

[ ]  I will sign an authorization form provided by Creekside Accounting (takes 2 – 14 days for CRA to process) |

## Any questions for the accountant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_