# 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_