



Chartered Professional Accountant
 1024 Calmels Crescent, Kelowna, BC, V1Y 4L8
 P: (236) 420 – 4801 | F: (236) 420 – 4802
 E: info@creeksideaccounting.ca

Meeting date in: _____

Client due date: _____

PERSONAL TAX INTAKE FORM

Primary Contact Information

| | | | | |
|----------------|-------|-----------------------------------|---|----------------------------------|
| Legal Name | | <input type="checkbox"/> Single | <input type="checkbox"/> Common-Law | <input type="checkbox"/> Married |
| Preferred Name | | <input type="checkbox"/> Divorced | <input checked="" type="checkbox"/> Separated | <input type="checkbox"/> Widowed |
| SIN | Phone | | | |
| Date of Birth | Email | | | |
| Occupation | | | | |

Spouse / Common Law Information

| | | | | |
|----------------|-------|-----------------------------------|-------------------------------------|----------------------------------|
| Legal Name | | <input type="checkbox"/> Single | <input type="checkbox"/> Common-Law | <input type="checkbox"/> Married |
| Preferred Name | | <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated | <input type="checkbox"/> Widowed |
| SIN | Phone | | | |
| Date of Birth | Email | | | |
| Occupation | | | | |

HOUSEHOLD INFORMATION

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

ANNUAL INQUIRIES

| | | | |
|---|--|---|--|
| Do you own any foreign property or foreign investments (including US stocks) with a total value of more than \$100,000? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Any connections to the US? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you a Canadian Citizen? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> • Born in the US / parent is a US citizen • Spent significant amount of time in the US | <input type="checkbox"/> Yes <input type="checkbox"/> No <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 <input type="checkbox"/> Yes <input type="checkbox"/> No |

LIFE EVENTS

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 |

Marital Status Change (if changed in year)

| | | | |
|--------------------------------------|--|----------------|--|
| Previous Marital Status (if changed) | | Date of Change | |
|--------------------------------------|--|----------------|--|

Previous Mailing Address (if moved more than 40km or sold a property in the year)

| | | | |
|---|------------------------------|-----------------------------|--|
| Previous Mailing Address | | | |
| Date of Move | | | |
| Did you sell a property or principal residence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |



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LIFE EVENTS CONTINUED

Change in Family Member's Health

| | |
|--|---|
| Has there been a significant impairment in a loved one's health? <ul style="list-style-type: none"> Have you applied or are you going to apply for the disability tax credit? Are you caring for the individual at your home? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

OTHER INCOME INFORMATION

| | |
|---|--|
| Are you collecting rental income? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, address: _____ |
| If yes, was any of this rental short term? | |
| Have you sold a property, investment, or other asset? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____ |
| Are you a service provider (waiter, hair stylist, taxi driver)? Please estimate tips: | |
| Are you involved in the sharing economy (skip the dishes driver, air BnB landlord, crowdfunding recipient, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____ |

TAX CREDIT/DEDUCTION UPDATE

| | | |
|--------------------------------|-------------------------------------|--|
| Union/professional fees | Moving expenses | Student loan interest |
| Child care expenses | Caregiver Amount | Tuition/education |
| Child/Spousal support payments | Apprentice (ITA transcript) | Extended health plan (excluding MSP) |
| Charitable/political donations | Trade-person's tools | 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? | <input type="checkbox"/> Personal Taxes <input type="checkbox"/> Annual Excel Summary / Bookkeeping Services <input type="checkbox"/> GST/PST GST / CRA Number: _____ PST Number: _____ |
| How did you hear about us? | |
| Preferred contact method: | <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text |
| Records preference: | <input type="checkbox"/> Paper <input type="checkbox"/> Secure Email – PDF Download Required by Client |
| Would you like a finalization meeting (no change in fees)? | <input type="checkbox"/> Yes - 15-minute meeting <input type="checkbox"/> Yes – 30-minute meeting <input type="checkbox"/> No – email is preferred (you will need to print & return/scan the signed docs before we can e-file). |

Any questions for the accountant?

Client Name: _____ Client Signature: _____