



Creekside
Accounting Ltd.

Chartered Professional Accountant

225 – 1855 Kirschner Road, Kelowna, BC V1Y 4N7

P: (236) 420 – 4801 | F: (236) 420 – 4802 E: info@creeksideaccounting.ca

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 type="checkbox"/> Separated	<input type="checkbox"/> Widowed
SIN		Phone			
Date of Birth		Email			
Occupation					

Spouse / Partner's 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?		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

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	
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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	

Change in Family Member's Health

Has there been a significant impairment in a loved one's health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, who: _____
<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	<input type="checkbox"/> Yes <input type="checkbox"/> No



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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"/> Payroll <input type="checkbox"/> PST <input type="checkbox"/> GST - Filing Period: <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly GST / CRA Number: _____ PST Number: _____
How did you hear about us?	
What are your expectations for the services we'll provide?	
Why did you choose us over our competitors?	
Preferred contact method:	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text
Records format preference:	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic / PDF Download Required by Client
Would you like a wrap up meeting (to review, sign, and pickup)?	<input type="checkbox"/> Yes – In Person <input type="checkbox"/> Yes – By Phone <input type="checkbox"/> No – By Portal/Email/Mail

Any questions for the accountant? _____

Client Name: _____ Client Signature: _____ Date: _____