



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

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		

Spouse / Partner's 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: _____

Current Mailing Address

Street Address	
City, Province, Postal Code	

ANNUAL INQUIRIES

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
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
Any connections to the US? <ul style="list-style-type: none"> • Born in the US / parent is a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No • Spent more than 181 days in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No 	Are you a Canadian Citizen? 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

Marital Status Change (if changed in the past 18 months)

Previous Marital Status	Date of Change
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Previous Mailing Address (if moved in the past 18 months)

Previous Mailing Address	
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



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OTHER INCOME INFORMATION

Are you collecting rental income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is any of this short term (under 30 days)	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Personal Taxes <input type="checkbox"/> Annual Excel Summary / Bookkeeping <input type="checkbox"/> Payroll <input type="checkbox"/> PST <input type="checkbox"/> GST GST / CRA Number: _____ PST Number: _____
Bookkeeping program preference	<input type="checkbox"/> Sage50 <input type="checkbox"/> QuickBooks Online <input type="checkbox"/> Excel Summary
How did you hear about us?	_____
What are your expectations for the services we'll provide?	_____
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 – recommendations will be provided in email format
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 provided by Creekside Accounting (takes 2 – 14 days for CRA to process)

Any questions for the accountant? _____

Client Name: _____ Date: _____