# Personal tax update form

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Contact** | | | |
| Name |  | | |
| Has your phone, email or address changed?  No  Yes | |  | |
| **Spouse / Common-Law Partner (after 12 months of co-habitation)** | | | |
| Name |  | | |
| Has your phone, email or address changed?  No  Yes | |  | |
| Will Creekside Accounting be filing a tax return for this person?  Yes  No | | | If no, what is their net income: |

# service preferences

|  |  |
| --- | --- |
| 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 |

# high risk tax issues

|  |  |  |  |
| --- | --- | --- | --- |
| **Principal Residence Inquiries** | | | |
| Have you sold a property in the past 18 months? | Yes  No | If yes, provide the **purchase** and **sale** Statements of Adjustment | |
| 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 |
| **Income Inquiries** | | | |
| Do you own any foreign property or foreign investments (including US stocks) with a total cost of more than $100,000? | | | Yes  No |
| Are you collecting rental income | Yes  No | Is any of this short term (rented by the day) | Yes  No |
| Address of rental property: |  | | |
| Do you have any other income (skip the dishes, serving tips, crowdfunding recipient, etc.)? | If yes, please detail: | | |

# life events

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has your marital status changed?  No  Yes | Date of change: | | New status: | |
| Do you have any new dependents?  No  Yes | Name, DOB, SIN, Relationship: | |  | |
| Have you moved 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 renting out this home? | | Yes  No |

## Questions / concerns for the accountant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_