



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

Client drop off date: \_\_\_\_\_

Client due date: \_\_\_\_\_

### CLIENT UPDATE FORM (INDICATE CHANGES AS REQUIRED)

#### Primary Contact Information

Name		<input type="checkbox"/> Single	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Married
Phone		<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
Email				
Occupation				

#### Spouse / Common Law Information

Name		<input type="checkbox"/> Single	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Married
Phone		<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
Email				
Occupation				

#### Marital Status Change (if occurred during the year)

Date of Change		Previous Marital Status	
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### MAILING ADDRESS UPDATE

Street Address			
City, Province, Postal Code			
Did you move more than 40 kms for work?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide moving receipts (i.e. U-Haul etc.)	Method of travel (fly, drive, etc.)	
Date of Move	Did you sell a property / principal residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the statement of adjustment from the sale as well as the original purchase.	

### 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
If you are a Canadian Citizen would you like to update your name, address, and date of birth with <b>Elections Canada</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you spend more than 181 days in the US or outside of Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Change to dependents (children under 18, post-secondary students, disabled individuals, elderly parents) living with you:

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

For post-secondary students provide their T2202A tuition tax form (bottom completed by student) and their tax return if not done by Creekside.

Change in Family Member's Health:

Family member who has experienced the change in health: Name \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Have you applied for the disability tax credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you caring for the family member at your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide their tax return (if not done by Creekside).



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### OTHER INCOME UPDATE

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

### TAX CREDIT/DEDUCTION UPDATE – DOCUMENTATION NEEDED

Union/professional fees	Moving expenses	Student loan interest
Child care expenses	Caregiver Amount	Tuition/education
Child/Spousal support payments	Apprentice (ITA transcript needed)	Extended health plan (excluding MSP)
Charitable/political donations	Trade-person's tools	Medical expenses (pharmacy summary please)
First time home buyer	Disability tax credit	Employment expenses not reimbursed
Volunteer fire fighter	Senior's home renovation tax credit	RRSP Contributions

### SERVICES UPDATE

What types of services do you need?	<input type="checkbox"/> Personal Taxes <input type="checkbox"/> Bookkeeping/Excel Summaries <input type="checkbox"/> GST/PST <input type="checkbox"/> Payroll/T4 Services GST / CRA Number: _____ PST Number: _____
Preferred method of communication:	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text
Would you prefer a paper or electronic copy of your records?	<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?**

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Client Name: \_\_\_\_\_ Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_