



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

PERSONAL TAX UPDATE FORM

Primary Contact

Name			
Has your phone, email or address changed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

Spouse / Common-Law Partner (after 12 months of co-habitation)

Name			
Has your phone, email or address changed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
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:

SERVICE PREFERENCES

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		

HIGH RISK TAX ISSUES

Principal Residence Inquiries

Have you sold a property in the past 18 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, provide the purchase and sale Statements of Adjustment	
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

Income Inquiries

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
Are you collecting rental income	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any of this short term (rented by the day)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date of change:	New status:
Do you have any new dependents?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name, DOB, SIN, Relationship:	
Have you moved 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 renting out this home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Questions / concerns for the accountant? _____

Name: _____ Date: _____