

**New Client
Income Tax
Set-Up Form**

KEN FISCHER ACCOUNTING AND FINANCIAL SERVICES
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Specializing in Small Business and Rental Income Tax Returns

SIN NUMBER: - -

TITLE MR MRS MS OTHER

FIRST NAME: _____

LAST NAME: _____

LAST NAME CHANGE IN CURRENT TAX YEAR? _____ (YES / NO)

DATE OF BIRTH ____ / ____ / ____
 YYYY / MM / DD

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE NUMBER _____

EMAIL _____

MARITAL STATUS: _____
 Single/Married/Common Law/Widow/Divorced/Separated

If Status changed in tax year, Enter date: _____

Are we preparing a Return for your spouse Yes No If yes, please fill out separate form. If no, Please complete below

SPOUSE: _____ Please provide net income: \$ _____

Please list any dependents. Full Name, SIN (if applicable), Date of birth, Net Income (if applicable)

1) _____

2) _____

3) _____

4) _____

Province of Residence as of December 31, of the tax year being completed: _____

Are you a Canadian Citizen? Yes No

Do you Authorize the CRA to give you name to Elections Canada? Yes No

Do you Authorize the CRA to share your Email Address with Ontario Health for the being contacted about organ and tissue donation Yes No

Did you dispose of a property in the current tax year? Yes No Was it your Principal residence? Yes No

Do you own foreign property over \$100,000 in the current tax year? Yes No

Do you own an interest in a foreign affiliate in the current tax year? Yes No