



## CLIENT INFORMATION FORM

|   |  |                             |  |
|---|--|-----------------------------|--|
| Last Name   |  | First Name                  |  |
| SIN   |  | Date of Birth               |  |
| Phone   |  | Email                       |  |
| Marital Status  | Married <input type="checkbox"/> Living Common Law <input type="checkbox"/> Widowed <input type="checkbox"/><br>Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> |                             |  |
| Marital Status Change?                                      | Yes <input type="checkbox"/> Date: _____   |                             |  |
| Spouse/Partner's Last Name                                  |  | Spouse/Partner's First Name |  |
| SIN   |  | Date of Birth               |  |
| Phone   |  | Email                       |  |
|   |  |                             |  |
| Mailing Address   |  |                             |  |
| Town/City   |  | Postal Code                 |  |
|   |  |                             |  |
| Child's Name  |  | Birthday                    |  |
| Child's Name  |  | Birthday                    |  |
| Child's Name  |  | Birthday                    |  |
| Child's Name  |  | Birthday                    |  |
|   |  |                             |  |
| Are you a Canadian Citizen                                  | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details on back.   |                             |  |
| Do you Own Foreign Property with Value of \$100,000+        | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details on back.   |                             |  |
| Did you open a First Home Savings Account                   | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details on back.   |                             |  |
| Do you have a Home Buyers Plan Repayment                    | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details on back.   |                             |  |
| Do you have a Lifelong Learning Plan Repayment              | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details on back.   |                             |  |
| Other Sources of Income                                     | Business <input type="checkbox"/> EI <input type="checkbox"/> Farm <input type="checkbox"/> Rental <input type="checkbox"/> Other <input type="checkbox"/>   |                             |  |
| Did you move in previous year                               | Yes <input type="checkbox"/> No <input type="checkbox"/>   |                             |  |
| Did you sell or purchase a home in previous year?           | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details on back.   |                             |  |
| Did you claim the 1 <sup>st</sup> Time Home Buyers          | Yes <input type="checkbox"/> No <input type="checkbox"/>   |                             |  |
| Does any member of the house qualify for the DTC            | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details on back.   |                             |  |
| Medical Expenses or Pay for Health/Dental Insurance         | Yes <input type="checkbox"/> No <input type="checkbox"/>   |                             |  |
| RRSP Contributions. 1 <sup>st</sup> 60 Day Receipt Included | Yes <input type="checkbox"/> No <input type="checkbox"/>   |                             |  |
| Are you Set up for Direct Deposit                           | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If No, Banking Provided Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>  |                             |  |



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|                                       |   |  |  |
|---------------------------------------|---|--|--|
| Are you Claiming Home Office Expenses |   | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If Yes, did you use the CRA online calculator<br>Simplified <input type="checkbox"/> Detailed <input type="checkbox"/> |  |
| Student Loan Interest                 | Yes <input type="checkbox"/> No <input type="checkbox"/>  | Attend Post-Secondary  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Alimony                               | Yes <input type="checkbox"/> No <input type="checkbox"/>  | Childcare Expense  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Charitable Donations                  | Yes <input type="checkbox"/> No <input type="checkbox"/>  | Clergy Amount  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Volunteer Firefighter                 | Yes <input type="checkbox"/> No <input type="checkbox"/>  | Employment Expenses  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Additional Information                |   |  |  |
|                                       |   |  |  |
| Preferred Method of Communication     | Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Other <input type="checkbox"/>  |  |  |
| Time of Day for Communication         |   |  |  |
| New Client                            | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If Yes, NOA or Previous Tax Return Provided? Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |
| How did you hear about M.A. Tax Plus  |   |  |  |
| Met With                              |   | Date:  |  |
| Form Reviewed and Updated             |   |  |  |