



## 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"/> 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	
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 Receive any COVID Benefits	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"/> If No, Banking Provided Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		



## CLIENT INFORMATION FORM

Are you Claiming Home Office Expenses		Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, did you use the CRA online calculator 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"/>
<b>Additional Information</b>			
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"/> 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			