



Tax Preparation Client Intake Form

Filing Status

Single

Married Filing Separate

Qualifying Widower

Head of Household

Married Filing Joint

Name

First Name

Last Name

Age

Date of Birth

Month Day Year

Phone Number

Please enter a valid phone number.

Email

example@example.com

Address

Street Address

Occupation

SIN

Are you a full-time student?

Yes No

Are you totally and permanently disabled?

Yes No

Are you legally blind?

Yes No

Is this individual dependent of other?

Yes No

Are you a full-time student?

Yes No

Are you totally and permanently disabled?

Yes No

Are you legally blind?

Yes No

Is this individual dependent of other?

Yes No

Employment Status

Employed

Unemployed

Self-employed

Are you currently renting?

Yes

No

How long have you rented this property?

of months

Do you have your own home?

Yes

No

Do you have documents that shows you paid for property taxes?

Yes

No

Did you sold any stock?

Yes

No

Did you pay for vehicle tax?

Yes

No

Do you have mortgage interest?

Yes

No

Please fill-up the information within the current year only.

General Expenses

Amount

Medical Expenses

Dental Expenses

Insurance Premiums paid

Long Term Care Premiums

Prescription Drugs and Medications

Home Mortgage

Investment Interest

Cash Contributions

Non-Cash Contributions

Unreimbursed Business Expenses

Union Dues

Tax Preparation Fees

Investment Expenses

Additional comments

- I confirmed that all information I entered here is accurate and true.
- I allow Fournier Bookkeeping Solutions to capture my sensitive data like personal id, government id, social insuran number (SIN), and other information.
- I have read the terms and conditions and privacy policy of Fournier Bookkeeping Solutions.
- By signing below, you acknowledge that you have read and understood your responsibilities and our responsibilities in doing this tax return.

Date Signed

Month Day Year