Existing clients

The information provided to us is strictly confidential and used only by our office and CRA (where applicable).

PART 1 (Personal Information)

Taxpayer

SIN# _____

First Name _____(as shown on CRA Notice of Assessment)

Last Name _____(as shown on CRA Notice of Assessment)

Address _____ Suite# _____

City _____ Postal Code: _____

Address changed this year _____

Home Phone _____

Cell Phone _____

Date of Birth (**yy/mm/dd**) _____

Email address _____

Do you have a CRA online account _____

Email known to CRA _____ (if different than provided above)

Marital Status _____

Date of status change: _____ (If changed in the current tax year)

Canadian Citizen Yes _____ No _____

Do you authorize CRA to provide your name, address, date of birth and citizenship to Elections Canada?

Yes _____ No _____

Do you authorize CRA to share your name & address to BC Transplant for the purpose of being contacted by email about organ and tissue donation?

Yes _____ No _____

Did you sell your principal residence in the tax year?

Yes _____ No _____

Did you dispose of a rental property in the tax year?

Yes _____ No _____

Did you own foreign property at any time in the tax year worth more than 100,000 CAN?

Yes _____ No _____

Did you own an interest in a foreign affiliate at any time in the tax year?

Yes _____ No _____

DTC on file with CRA Yes _____ No _____ Disability Tax Credit (DTC)

Spouse Information (If applicable)

SIN# _____

First Name _____(as shown on CRA Notice of Assessment)

Last Name _____(as shown on CRA Notice of Assessment)

Address changed this year _____

Cell Phone _____

Date of Birth (**yy/mm/dd**) _____

Email address _____

Do you have a CRA online account _____

Email known to CRA _____ (if different than provided above)

Canadian Citizen Yes _____ No _____

Do you authorize CRA to provide your name, address, date of birth and citizenship to Elections Canada?

Yes _____ No _____

Do you authorize CRA to share your name & address to BC Transplant for the purpose of being contacted by email about organ and tissue donation?

Yes _____ No _____

Did you sell your principal residence in the tax year?

Yes _____ No _____

Did you dispose of a rental property in the tax year?

Yes _____ No _____

Did you own foreign property at any time in the tax year worth more than 100,000 CAN?

Yes _____ No _____

Did you own an interest in a foreign affiliate at any time in the tax year?

Yes _____ No _____

DTC on file with CRA Yes _____ No _____ Disability Tax Credit (DTC)

Dependant information (if applicable)

Name	Relationship	Birthdate	Date of change (*If applicable*)	SIN# (*If applicable*)	DTC on File?

Do you have parents over 65 that now live with you? Yes _____ No _____

Any changes to you or anyone in your household's health (i.e. unable to walk a city block without difficulty) If yes, please explain _____

_____

Do you or anyone in your household have a disability? If yes, please explain _____

_____

Direct Deposit information **(CRA no longer allows tax preparers to submit or update Direct Deposit Information)**

Other concerns (Please specify) _____

_____

_____

PART 2 (Checklist)

This following checklist is generic so all the slips or information listed may or may not be required. This checklist is a guide to assist you in remembering what may apply to your situation.

☐	T4 Slips	Ensure you receive a T4 from EVERY place worked in the current tax year.
☐	T4AP & T4AOAS	Canada Pension & Old Age Security
☐	T5 Slips	Financial institutions where you are paid interest
☐	T3 Slips	Investments companies where you may have mutual funds
☐	Investment	Contact your financial advisor for a realized gains/losses report and all T3's and T5's as well as supplementary information.
☐	Advisor fees	Contact your financial advisor for fees paid for your NON-registered investments.
☐	Tuition receipts	T2202's for you, your spouse and/or your dependant children who will be transferring their tuition credits to you
☐	Childcare	***Complete the CHILDCARE worksheet from the FORMS section on our website***
☐	Donation	***Complete the DONATION worksheet from the FORMS section on our website***
☐	Medical/Dental	***Complete the Medical worksheet from the FORMS section on our website*** ▪ Don't forget Travel Medical costs and Residential Care Fees.
☐	Rental Income	***Complete the Rental worksheet from the FORMS section on our website***
☐	Small Business	***Complete the Business worksheet from the FORMS section on our website***
☐	Vehicle for work	***Complete the Vehicle ONLY worksheet from the FORMS section on our website***
☐	Work from Home	***Complete the Work from Home worksheet from the FORMS section on our website***
☐	Moving	***Complete the Moving worksheet from the FORMS section on our website***
☐	Renters	***Complete the BC Renter worksheet from the FORMS section on our website***