

Existing Client Change Form & Checklist

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

PART 1 (Personal Information)

Taxpayer

First Name _____

Last Name _____

IMPORTANT: Complete only information that has changed from previous tax year

Address _____ Suite# _____

City _____ Postal Code: _____

New Home Phone _____ (if removing, indicate REMOVE)

New Cell Phone _____

New email address _____

NEW CRA online account? Yes _____ No _____

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

Marital Status _____

Date of status change: _____

Rent or own your home Rent _____ Own _____

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 _____

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

SPECIAL NOTES for this tax year _____

Spouse Information (If applicable)

First Name _____

Last Name _____

New Cell Phone _____

New Email address _____

NEW CRA online account? Yes _____ No _____

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

ADDITIONAL CHANGES

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 _____

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

SPECIAL NOTES for this tax year _____

ADDITION OR REMOVAL OF DEPENDANT or DEPENDANT INFORMATION

Name	Relationship	Birthdate	DTC approval	Date of change
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____