

Other Services Used in Office

- Investments
- Mortgage
- Life Insurance

Client Information Sheet

Personal Information
 Returning Client - enter only new information

NAME		DATE OF BIRTH	SIN #
		MM/DD/YYYY	
EMAIL	HOME PHONE	CELL PHONE	CANADIAN CITIZEN
			<input type="checkbox"/> Yes <input type="checkbox"/> No
MARITAL STATUS ON DEC. 31 ST : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
MARITAL STATUS CHANGED? <input type="checkbox"/> Yes <input type="checkbox"/> No		OWN \$100,000+ OF FOREIGN PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PAPERLESS RETURN AND/OR NOA? <input type="checkbox"/> Yes <input type="checkbox"/> No		SOLD YOUR RESIDENCE DURING TAX YEAR? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Spouse (if applicable)
 Returning Client - enter only new information

NAME		DATE OF BIRTH	SIN #
		MM/DD/YYYY	
EMAIL	HOME PHONE	CELL PHONE	CANADIAN CITIZEN
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Address

STREET ADDRESS			YEARLY PROPERTY TAX	MONTHLY RENT
			\$	\$
CITY	PROVINCE	POSTAL CODE		

Dependants

NAME	RELATIONSHIP	DATE OF BIRTH	SIN #
		MM/DD/YYYY	
		MM/DD/YYYY	
		MM/DD/YYYY	
		MM/DD/YYYY	

Applicable Tax Credits and Other Items

<input type="checkbox"/> RRSP Contributions	<input type="checkbox"/> Student Loan Interest	<input type="checkbox"/> Tool Expenses (Tradesperson)
<input type="checkbox"/> Medical Expenses	<input type="checkbox"/> Child Care Expenses	<input type="checkbox"/> Employment Expenses (T2200)
<input type="checkbox"/> Charitable or Political Donations	<input type="checkbox"/> Moved 40kms+ for Work/School	<input type="checkbox"/> Moved to/from Canada
<input type="checkbox"/> Disability Tax Credit	<input type="checkbox"/> Legal Fees (Severance/Support)	<input type="checkbox"/> Caregiver or Eligible Dependant
<input type="checkbox"/> First Time Home Buyer	<input type="checkbox"/> Spousal Support Paid/Received	<input type="checkbox"/> Accessibility Renovations (65+)
<input type="checkbox"/> Professional/Union Dues	<input type="checkbox"/> Sold Investments or Real Estate	<input type="checkbox"/> _____
<input type="checkbox"/> Tuition Fees (T2202)	<input type="checkbox"/> Rental or Business Income	<input type="checkbox"/> _____

Comments