

Date In: \_\_\_\_\_/\_\_\_\_\_/2024 Received By: \_\_\_\_\_ Corporate Client \_\_\_\_\_

New Client \_\_\_\_\_ How did you hear of us? \_\_\_\_\_ Repeat \_\_\_\_\_

**PERSONAL INFORMATION:**

Year To Prepare: 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 T3 U.S Return \_\_\_\_\_

Name: \_\_\_\_\_ (M/F) S.I.N. \_\_\_\_\_  
First Last

Ph. Home \_\_\_\_\_ Cell \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mth Day Year

Address \_\_\_\_\_ City \_\_\_\_\_ P/Code \_\_\_\_\_

Change of Address: Yes/No Email Address: \_\_\_\_\_

Marital Status: M S D W Sep CL Marital Status Change? \_\_\_\_\_ Date of Change \_\_\_\_\_

Did we do your taxes last year: Yes/No Do we have last years' T1 Yes/No  
Province lived at Dec 31/23 \_\_\_\_\_ Assessment Notice Yes/No

**SPOUSE INFORMATION: Prepare Spouses Taxes:** Yes/ No **Net Income** \_\_\_\_\_

Name: \_\_\_\_\_ (M/F) S.I.N. \_\_\_\_\_  
First Last

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Mth Day Year

Email \_\_\_\_\_

**DEPENDENT CHILDREN**

Name	S/D	Net Inc.	Date of Birth	Eligible Dep	Child Care
_____	_____	_____	_____/_____/_____ <small>Mth Day Year</small>	_____	_____
_____	_____	_____	_____/_____/_____ <small>Mth Day Year</small>	_____	_____
_____	_____	_____	_____/_____/_____ <small>Mth Day Year</small>	_____	_____
_____	_____	_____	_____/_____/_____ <small>Mth Day Year</small>	_____	_____
_____	_____	_____	_____/_____/_____ <small>Mth Day Year</small>	_____	_____
_____	_____	_____	_____/_____/_____ <small>Mth Day Year</small>	_____	_____
_____	_____	_____	_____/_____/_____ <small>Mth Day Year</small>	_____	_____
_____	_____	_____	_____/_____/_____ <small>Mth Day Year</small>	_____	_____
_____	_____	_____	_____/_____/_____ <small>Mth Day Year</small>	_____	_____
_____	_____	_____	_____/_____/_____ <small>Mth Day Year</small>	_____	_____
_____	_____	_____	_____/_____/_____ <small>Mth Day Year</small>	_____	_____
_____	_____	_____	_____/_____/_____ <small>Mth Day Year</small>	_____	_____
_____	_____	_____	_____/_____/_____ <small>Mth Day Year</small>	_____	_____
_____	_____	_____	_____/_____/_____ <small>Mth Day Year</small>	_____	_____
_____	_____	_____	_____/_____/_____ <small>Mth Day Year</small>	_____	_____
_____	_____	_____	_____/_____/_____ <small>Mth Day Year</small>	_____	_____
_____	_____	_____	_____/_____/_____ <small>Mth Day Year</small>	_____	_____
_____	_____	_____	_____/_____/_____ <small>Mth Day Year</small>	_____	_____
_____	_____	_____	_____/_____/_____ <small>Mth Day Year</small>	_____	_____
_____	_____	_____	_____/_____/_____ <small>Mth Day Year</small>	_____	_____
_____	_____	_____	_____/_____/_____ <small>Mth Day Year</small>	_____	_____

Prepared By: \_\_\_\_\_ Checked By: \_\_\_\_\_ Invoice # \_\_\_\_\_

Called By: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_

Are you /spouse a Canadian Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ No Client Initial(s) \_\_\_\_\_ / \_\_\_\_\_

Do you agree to CRA providing, over the next 12 months your name, address, and date of birth to Elections Canada to help keep up to date your information currently on the National Register of Electors? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Did you own or hold foreign property at any time in the tax year with a total cost of more than CAN\$100,000.00? Yes \_ No \_

Did you dispose of a property(s) in 2023 for which you are claiming a principal residence exemption? Yes \_\_\_\_\_ No \_\_\_\_\_

Taxes paid by Installments - Yes \_\_\_\_\_ \$ \_\_\_\_\_ No \_\_\_\_\_

Is there any income from: RENTALS SELF EMP. FARMING COMMISSION  
Is Statement Provided? Yes No  
GST Registrant Yes No If Yes # \_\_\_\_\_

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**PERSONAL INCOME:** Do you have Direct Deposit with Canada Revenue Agency? Yes \_\_\_ No \_\_\_

T3	_____	_____	T5	_____	_____
T4	_____	_____	T5007	_____	_____
T4A	_____	_____	T5008	_____	_____
T4E	_____	_____	T5018	_____	_____
T4A OAS	_____	_____	RC 210	_____	_____
T4AP/PPP	_____	_____	T5013	_____	_____
T4RIF	_____	_____	Other	_____	_____
T4RSP	_____	_____	Other	_____	_____

**PERSONAL EXPENSES**

Carrying Charges	_____	_____	Medical	_____	_____
Union Dues	_____	_____	Employ Exp(T2200)	_____	_____
Tuition Self/Dep	_____	_____	RRSP	_____	_____
Moving Expense	_____	_____	HBP/LLP	_____	_____
Charitable Don	_____	_____	New Home Buyer	_____	_____
Spousal Support	_____	_____	Student Loan Int.	_____	_____
_____	_____	_____	Disability Self /Dep	_____	_____
_____	_____	_____	DTC on File YES / NO	_____	_____
			Name of Disabled Dep:	_____	

**NORTHERN RESIDENTS** YES/NO

Date Arrived: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date Left: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ Zone: A B C