

Client Intake Form - Personal Taxes

Personal Information			ID Copy: Yes / No	
	Full Name	SIN	Date of Birth (MM/DD/YYYY)	M/F/N
Client				
Spouse				
Dependent 1				
Dependent 2				
Dependent 3				

Marital Status: Single Married Common Law Separated Widowed

Address (including city, province, postal code)

Phones (cell, home, work)

Emails

Real Estate Property			Info Required
Purchase your principal residence during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	purchase closing documents
First time home buyer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sell your principal residence during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	sale closing documents
Rental incomes and expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Own an investment property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Location: Canada or foreign?	<input type="checkbox"/> Can	<input type="checkbox"/> Foreign	

Refer to documents checklist for accounting and taxes for further information

Special Situations			
Did your marital status change during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, date of change:	_____		
Did you immigrate to Canada during last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	date of entry
Did you emigrate out of Canada during last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	date of exit
Do you live in a prescribed northern zone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever legally adopted a child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	full name, SIN, date of birth
adoption agency fees, court costs, legal fees, document translation fees, travel, immigration fees, government fees			

Do you have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete Form T2201
Do you support someone who has a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide receipts
Did you move due to work or school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Prev address, travel, meals, accommodation, selling costs purchasing costs
Distance between your old home and work/school?	_____	
Distance between your new home and work/school?	_____	
Have you ever withdrawn from RRSP under HBP or LLP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you incur childcare expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you pay for certain employment expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	T2200 signed by employer
Do you have investment income (interest, dividends, gains)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you own any foreign investments (stocks / funds / etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Form T1135, details required
Do you own any foreign real estate property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Form T1135, details required
Do you have US income tax reporting requirement? (employment / investment / rental / business)	<input type="checkbox"/> Yes <input type="checkbox"/> No	copy of US1040

Self Employment

Are you self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	income statement WS
If yes, type of business?	_____	
Have you registered for HST?	<input type="checkbox"/> Yes <input type="checkbox"/> No	HST number

Refer to documents checklist for accounting and taxes for further information

Information on All Income Sources

Refer to documents checklist for accounting and taxes for further information

New Client Acceptance Checklist (FOR OFFICE USE ONLY)

Have we made initial assessment to move forward with further screening?	Yes / No / N/A
Has client integrity and reputation / image been considered?	Yes / No / N/A
Have we considered the need to contact prior accountants?	Yes / No / N/A
Has the client's business acumen been considered?	Yes / No / N/A
Do we have internal competence to perform engagement?	Yes / No / N/A
Do we have internal resources to complete and deliver work on time?	Yes / No / N/A
Are there any significant threats to independence?	Yes / No / N/A
Is our firm free of any conflicts of interest with the client?	Yes / No / N/A
Are there any issues to the collection of professional fees?	Yes / No / N/A
Decision made to accept or decline client:	Accept / Decline