

Part 1: General Information

Yourself			
FIRST NAME	LAST NAME	DATE OF BIRTH (DD-MM-YYYY)	SOCIAL INSURANCE NUMBER
MAILING ADDRESS: APT NUMBER - STREET NUMBER AND NAME		CITY	PROVINCE
POSTAL CODE	PHONE NUMBER	PHONE (OTHER):	EMAIL
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON LAW <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE			
Did your marital status change in 2023?		<input type="checkbox"/> YES, Date (DD-MM-YYYY): <input type="checkbox"/> NO	
Do you want a printed hard-copy of your tax paperwork (\$5 Paper Fee applies)?		<input type="checkbox"/> YES <input type="checkbox"/> NO, Email me a digital copy	

Your Spouse — Spouse and Common Law returns should be filed together.		
FIRST NAME	LAST NAME	SOCIAL INSURANCE NO.
DATE OF BIRTH (DD-MM-YYYY)	EMAIL	PHONE NUMBER
If your spouse is not filing a tax return with our organization, indicate his/her net income for 2023. \$ _____		

Part 2: Check any of the following that you received income from in 2023

- | | | |
|---|--|--|
| <input type="checkbox"/> T4 - Employment Income | <input type="checkbox"/> T4E - Employment Insurance Benefits | <input type="checkbox"/> T5007 - Worker's Compensation |
| <input type="checkbox"/> T4RSP - RRSP Income | <input type="checkbox"/> T4PS - Employee Profit Sharing Plan | <input type="checkbox"/> Tips or Gratuities |
| <input type="checkbox"/> T4RIF - RRIF Income | <input type="checkbox"/> T5007 - Social Assistance | <input type="checkbox"/> Rental Income |
| <input type="checkbox"/> T3 - Trust Income | <input type="checkbox"/> T4OAS - Old Age Security | <input type="checkbox"/> Self-Employment Income |
| <input type="checkbox"/> T5008 - Capital Gains | <input type="checkbox"/> T4AP - Canada Pension | <input type="checkbox"/> Commission Income |
| <input type="checkbox"/> T5 - Dividends | <input type="checkbox"/> Sch 3 - Capital Gains/Losses | <input type="checkbox"/> Other: _____ |

Part 3: Check any of the following that you have paid in 2023

- | | |
|---|---|
| <input type="checkbox"/> Donations | <input type="checkbox"/> Employment Expenses |
| <input type="checkbox"/> Medical Expenses
(including payments for medical plans or travel insurance) | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Interest on Student Loan | <input type="checkbox"/> Installments on Income Taxes |
| <input type="checkbox"/> Property Taxes or Rent | <input type="checkbox"/> Moving Expenses (moving for work, business, or school) |
| <input type="checkbox"/> Investment Income Expenses
(including loan interest on money borrowed) | <input type="checkbox"/> Employment Insurance Repayments |
| | <input type="checkbox"/> RRSP Contribution |
| | <input type="checkbox"/> Other: _____ |

Part 4: Tax Filing Questions

	Yourself	Your Spouse
1. Are you a Canadian citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do you authorize Canada Revenue to give your name, address, date of birth to Elections Canada?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Did you become a resident, or cease to be a resident of Canada during 2023?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Did you own any property outside of Canada with a total cost of \$100,000 CAD or over?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Did you or anyone living with you have a disability that restricts in any way? <i>If unsure, see us for more info.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Did you dispose of a property (or properties) in 2023 for which you are claiming a principal residence exemption?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Part 5: List any children or dependents

FULL NAME	RELATIONSHIP <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	DATE OF BIRTH (DD-MM-YYYY)
1. Was your home the child's principal residence?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Did this child earn income in 2023? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how much? \$ _____ Child's SIN: _____
2. Did you pay or receive child support for this child in 2023?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Will anyone else be making a claim for this child?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Did this child attend school full or part-time in 2023?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Did this child pay tuition fees in 2023?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Did you pay anyone to care for this child in 2023?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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2. Did you pay or receive child support for this child in 2023?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Will anyone else be making a claim for this child?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Did this child attend school full or part-time in 2023?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Did this child pay tuition fees in 2023?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Did you pay anyone to care for this child in 2023?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Recommended items for a new client

- Supply us with your last year's Notice of Assessment from Revenue Canada (If applicable)
- Schedule your **1 Hour Free Initial Consultation**

I certify that the information given above and in any document I turn over is correct, complete and fully discloses all my income. It is a serious offense to make a false statement on a return.

SIGNATURE	DATE (DD-MM-YYYY)
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How did you hear about us?

Do you have a Will? YES NO

OFFICE USE ONLY	
DROPPED OFF ON (DD-MM-YYYY)	ACCEPTED BY
ENTERED IN PROFILE BY	ON THE DATE (DD-MM-YYYY)