

New Client Questionnaire

Please fill out this form at your discretion prior to your appointment.

Information provided herein will be kept confidential and used for accounting purposes only.

CLIENT INFORMATION

Title: _____ Full Name: _____ SIN: _____

Address: _____ PO Box: _____

City: _____ Province: _____ Postal Code: _____

Date of Birth (dd/mm/yyyy): _____ Email Address: _____

Telephone Numbers: Home: _____ Work: _____ Mobile: _____

Preferred Method(s) of Contact: ☐ Email ☐ Home Phone ☐ Work Phone ☐ Mobile Phone

Marital Status: ☐ Married ☐ Widowed ☐ Living Common-law

☐ Separated ☐ Single ☐ Divorced

Date of Status Change, if in Current Tax Year (dd/mm): _____

If separated or divorced, please indicate if you make or receive support payments:

☐ Make or ☐ Receive ☐ Child Support and/or ☐ Spousal Support

Is there a formal/informal separation/divorce agreement: ☐ Yes ☐ No

If yes, please supply us with a copy

SPOUSE (if applicable)

Title: _____ Spouse's Full Name: _____ SIN: _____

Date of Birth (dd/mm/yyyy): _____

Are we preparing your spouse's return? ☐ Yes ☐ No

If no, please provide spouse's estimated taxable income: _____

CHILDREN (if applicable)

Name of Child: _____

Name of Child: _____

Date of Birth: _____

Date of Birth: _____

* Please mark off all that apply

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☐ Day-Care ☐ Grade School

☐ Day-Care ☐ Grade School

☐ Secondary ☐ Post-Secondary

☐ Secondary ☐ Post-Secondary

☐ Camps ☐ Daycare ☐ Tuition fees

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Does anyone else reside in your home? ☐ Yes ☐ No

If yes, please provide a description of the nature of the relationship:

MEDICAL INFORMATION

Are any of the individuals listed impacted by any medical conditions? ☐ Yes ☐ No

If yes, please provide a short description:

ADDITIONAL INFORMATION

Do you earn/collect:

- ☐ Employment Income ☐ Pension Income ☐ Employment Insurance Income
☐ Investment Income (if yes who is your financial advisor)
☐ Other (please specify) _____

Did you buy or sell any real estate this year? ☐ Yes ☐ No

If yes, please provide the following details:

Purchase Address:		Sale Address:	
City:	Province:	City:	Province:
Postal Code:		Postal Code:	
Purchase Price:		Sale Price:	Year Purchased:

Are you a First Time Home Buyer? ☐ Yes ☐ No

Did you move for a new job? ☐ Yes ☐ No

Do you hold any foreign investments with value over \$ 100,000?

If yes, please describe the nature of these investments and their market value:

INFORMATION CHECKLIST

If you know, please indicate which of the following are relevant to your return(s):

- ☐ T3 ☐ T4 ☐ T4A ☐ T5 ☐ T5E ☐ T2202A ☐ Donations
☐ Property Taxes ☐ Rent Receipts ☐ Day-care Expenses ☐ Medical Expenses
☐ RSP Contributions ☐ Gains/Losses on Sale of Investments ☐ Rental Income/Expenses
☐ Self-Employment Income/Expenses ☐ Children's Fitness and Arts Activity Receipts