

NEW CLIENT PERSONAL TAX QUESTIONNAIRE

You:

Name:

Marital
Status:

Address:

Phone:

Email:

SIN:

Date of
Birth:

(DD/MM/YY)

Canadian citizen? Yes No

Your Spouse:

Name:

Marital
Status:

Address:

Phone:

Email:

SIN:

Date of
Birth:

(DD/MM/YY)

Canadian citizen? Yes No

Please provide the name, date of birth, and SIN (if applicable) for all children under 18:



CHARTERED PROFESSIONAL ACCOUNTANTS
COMPTABLES PROFESSIONNELS AGRÉÉS

talbotcpa.ca

Full Name:

Tax year(s):

Please notify us of any significant changes last year: (New address, marital status, dependants)

Once completed, how would you prefer to receive copies of your tax return?

- I will pick up and sign in person
- Digital - to be delivered electronically

What is your preferred method of contact?

- Phone
- Email

Select all sources of income received:

- Employment (T4)
- Self-employment
- Rental property
- Investments (other than RRSP & TFSA)
- COVID benefits (CERB)
- Employment insurance (T4E)
- Spousal support
- Other

Select all deduction items that may apply to you:

- RRSP contributions
- Union or professional dues
- Employment expenses (requires T2200)
- Working from home
- Childcare expenses (day care, babysitting, camp)

Select all credits that may apply to you:

- Charitable donations
- Medical expenses
- Tuition (form T2202)
- Student Loan Interest
- Volunteer firefighter or search & rescue
- Children's art or fitness programs

Do you or anyone in your family require full-time care, or are eligible for the Disability Tax Credit?

Yes No

Do you have US citizenship, a green card, or did you spend more than 121 days in the United States?

Yes No

Did you own any foreign property at any time in the year with a total cost of more than \$100,000?
(includes foreign investments or foreign income producing properties)

Yes No Unsure

Additional notes