

CLIENT DATA SHEET

FOR OFFICE USE ONLY

REFERRED BY: _____

DATE REC'D: _____ INT. _____

CURRENT TAX YEAR FILING _____

ADD. D/O DATE: _____ INT. _____

REVIEW DATE: _____ INT. _____

P/U DATE: _____ INT. _____

TAXPAYERS INFORMATION:

RETAINER FEE:\$ _____ DATE _____

NAME: _____

ADDRESS: _____

TELEPHONE #: _____ OFFICE #: _____

CELL #: _____ EMAIL: _____

SIN ____/____/____

DATE OF BIRTH: ____/____/____
MM DD YY

PROVINCE OF RESIDENCE ON DEC. 31: _____

MARITAL STATUS: M W D SEP. SING. C-L DECEASED: ____/____/____
MM DD YY

DATE MARITAL STATUS CHANGED: ____/____/____
MM DD YY

SPOUSE'S INFORMATION:

SIN ____/____/____ DATE OF BIRTH: ____/____/____
MM DD YY

NAME: _____

BUS TEL: _____

EMAIL: _____

CELL #: _____

OF CHILDREN: _____

NAME: _____ SON / DAUGHTER D.O.B.: ____/____/____ (MM/DD/YY)

NAME: _____ SON / DAUGHTER D.O.B.: ____/____/____ (MM/DD/YY)

NAME: _____ SON / DAUGHTER D.O.B.: ____/____/____ (MM/DD/YY)

NAME: _____ SON / DAUGHTER D.O.B.: ____/____/____ (MM/DD/YY)

CHILD CARE EXPENSES Y / N, RC62 Y / N (ATTACH RECEIPTS)

LAST TAX YEAR FILED: _____

ACCOUNTING: \$ _____

ARE YOU A CDN CITIZEN: Y / N
SELF

Y / N
SPOUSE

DISABILITY TAX CREDIT: Y / N

OVER →

NAME: _____

MEDICAL RECEIPTS: Y / N

RRSP CONTRIBUTION: Y / N

T2200: Y / N

CHARITABLE DONATIONS: Y / N

NOTICE of ASSESSMENT: Y / N

HOME BUYERS PLAN: Y/N

TUITION: Y/N

MOVING EXPENSES: Y / N

PUBLIC TRANSIT PASSES: Y/N
(Jan. to June 2017)

STUDENT LOAN INTEREST Y/N

OF T4 SLIPS: _____

OF T4A SLIPS: _____

OF T5 SLIPS: _____

OF T3 SLIPS: _____

OF T4AOAS: _____

OF T4AP: _____

OF T4RSP: _____

OF T4RIF: _____

OF T4E: _____

OTHER (LIST): _____ # _____ # _____

SELF EMPLOYED: COMPANY NAME: _____

ADDRESS: _____

TYPE OF BUSINESS: _____

TELEPHONE #: _____ EMAIL: _____

GST # _____ **(ANNUAL / QUARTERLY) FILER**

NAICS #: _____

Did you sell your Principal Residence? Y / N

(Provide the Legal/Sale Closing Papers/Statement of Adjustment and the original Purchase Date/Date of Acquisition)

RENT AND/OR PROPERTY TAXES: (PLEASE CIRCLE WHICH IS APPLICABLE)

AMOUNT: \$ _____ @ _____ % = _____

LANDLORD NAME AND/OR

CITY TAXES PAID TO: _____

ADDRESS LIVED: _____

NUMBER OF MONTHS

LIVED AT THIS ADDRESS FOR CURRENT YEAR: _____

Did you own or hold Foreign Property at any time in the year with a total cost of more than \$100,000.00 CDN. Y/N

(If you answered yes to this question please provided us with the details.)

I have reviewed the information on this form, and to the best of my knowledge and belief, it is complete as shown. Further, I confirm that all world wide gross income and dispositions of property has been disclosed and that all expenses are bona fide with regard to the business or property referenced and that vouchers to support expenditures are available.

I hereby authorize J P Accounting & Tax Services Inc. to prepare my taxes for the year mentioned above, from the information supplied. I acknowledge that all tax preparation fees due to J P Accounting & Tax Services Inc. are payable at the time I receive my completed tax return.

SIGNATURE

DATE