

CLIENT DATA SHEET

FOR OFFICE USE ONLY

REFERRED BY: _____

DATE REC'D: _____ INT. _____

CURRENT TAX YEAR FILING _____

REVIEW DATE: _____ INT. _____

P/U DATE: _____ INT. _____

RETAINER FEE: \$ _____ DATE _____

TAXPAYERS INFORMATION:

NAME: _____

ADDRESS: _____

TELEPHONE # / CELL #: _____ EMAIL: _____

SIN #: _____ DATE OF BIRTH: ____/____/____ DECEASED: ____/____/____
MM / DD / YY MM / DD / YY

Did you sell your Principal Residence in 2025? Y N
(*if yes, please provide Statement of Adjustments and Month and Year of Acquisition)

MARITAL STATUS: M W D SEP. SING. C-L PROVINCE OF RESIDENCE ON DEC. 31: _____

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

SPOUSE'S INFORMATION:

NAME: _____ SIN #: _____

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

TELEPHONE # / CELL #: _____ EMAIL: _____

CHILDREN / DEPENDANTS: _____

NAME: _____ S D D.O.B.: ____/____/____ SIN #: _____
MM DD YY
NAME: _____ S D D.O.B.: ____/____/____ SIN #: _____
MM DD YY
NAME: _____ S D D.O.B.: ____/____/____ SIN #: _____
MM DD YY
NAME: _____ S D D.O.B.: ____/____/____ SIN #: _____
MM DD YY
CHILD CARE / CAMP EXPENSES Y N

LAST TAX YEAR FILED: _____ ACCOUNTING FEES FROM LAST YEAR: \$ _____

ARE YOU A CDN CITIZEN: Y N Y N DISABILITY TAX CREDIT: Y N
SELF SPOUSE

OVER →

NAME: _____

MEDICAL RECEIPTS: Y N RRSP CONTRIBUTION: Y N T2200: Y N
DONATIONS: Y N FHSA: Y N HOME BUYERS PLAN: Y N
TUITION: Y N MOVING EXPENSES: Y N STUDENT LOAN INTEREST Y N
RENTAL PROPERTY: 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: _____

HST # _____ ANNUAL QUARTERLY FILER

NAICS #: _____

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

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

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

AMOUNT PAID: \$ _____ @ _____ % = _____
(WE WILL REQUIRE A RECEIPT OF THE AMOUNT PAID)

LANDLORD NAME AND/OR CITY TAXES PAID TO: _____

ADDRESS LIVED: _____

NUMBER OF MONTHS LIVED AT THIS ADDRESS FOR CURRENT YEAR: _____

I have reviewed the information on this form, and to he best of my knowledge and belief, it is complete as shown. Further, I confirm that all worldwide gross income and dispositions of property has been disclosed and that all expenses are bona fide regarding 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