

# CLIENT INFORMATION & CONSENT FORM

## PERSONAL INFORMATION



First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SIN: \_\_\_\_\_

Marital Status: Single / Married / Common-Law / Separated / Divorced / Widowed

If changed, Date of Change: \_\_\_\_\_

## SPOUSE INFORMATION (if applicable)

Spouse First Name: \_\_\_\_\_

Spouse Last Name: \_\_\_\_\_

Spouse DOB: \_\_\_\_\_

Spouse SIN: \_\_\_\_\_

## DEPENDENTS

Child's Name

Son / Daughter

Date of Birth

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## TAX SITUATION QUESTIONS (circle Yes or No)

Did you sell a home in the tax year? Yes / No

Did you dispose of or purchase rental property? Yes / No

Did you work from home? Yes / No

Did you sell stocks, bonds, or crypto? Yes / No

Did you move for work or school (40+ km)? Yes / No

Did you receive any government benefits? Yes / No

Have you claimed the Disability Tax Credit? Yes / No

Did you purchase a home in the tax year?\*\* Yes / No

Did you have self-employment income? Yes / No

Did you have foreign income or assets over \$100,000 CAD? Yes / No

Did you have a change in marital status? Yes / No

Did you have medical expenses over \$2,000? Yes / No

Did you make RRSP contributions? Yes / No

## CONSENT & AUTHORIZATION

I authorize the tax preparer to file my tax return and access my CRA account on my behalf. I confirm that all information provided is accurate and complete to the best of my knowledge.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Do you authorize Rhonda to access your CRA account? Yes / No Include Spouse? Yes / No

Are you a registered Organ Donor? Yes / No



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OFFICE USE ONLY

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|--------------------|-------|----------------------|---------------|
| Prepared By:       | <hr/> | T1013: Yes / No      | GST: Yes / No |
| Reviewed By:       | <hr/> | New Client: Yes / No |               |
| Documents Scanned: | <hr/> | Balance Owing:       | <hr/>         |
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