

## 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

\* Please mark off all that apply

Day-Care  Grade School

Day-Care  Grade School

Secondary  Post-Secondary

Secondary  Post-Secondary

Camps  Daycare  Tuition fees

Camps  Daycare  Tuition fees

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**

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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 receive CERB (COVID) benefits this year?  Yes  No

Did you work from home due to COVID this year?  Yes  No

If yes, how long did/have you worked from home?

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