

PERSONAL TAX INTAKE FORM

Primary Contact Information

Legal Name		<input type="checkbox"/> Single	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Married
Preferred Name		<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
SIN		Phone		
Date of Birth		Email		
Preferred contact method	<input type="checkbox"/> Phone <input type="checkbox"/> Email			
Marital Status Change in Year:	Previous Marital Status (if changed) _____	Date of Change _____		

Spouse / Common Law Information

Legal Name		<input type="checkbox"/> Single	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Married
Preferred Name		<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
SIN		Phone		
Date of Birth		Email		
Preferred contact method	<input type="checkbox"/> Phone <input type="checkbox"/> Email			
Marital Status Change in Year:	Previous Marital Status (if changed) _____	Date of Change _____		

HOUSEHOLD INFORMATION

Street Address			
City, Province, Postal Code			
Moved more than 40km:	Previous Address:		
If yes please provide the following:	Date of Move: Reason for move: Receipts or summary of moving expenses.		

OTHER INFORMATION

What types of services do you need?	<input type="checkbox"/> Personal Taxes <input type="checkbox"/> Bookkeeping Services <input type="checkbox"/> GST Filing for Sole Proprietorship <input type="checkbox"/> Tax Planning / Consulting Business Name: _____ GST / CRA Number: _____
How would you like your tax package provided to you:	<input type="checkbox"/> Electronic signing – Digital Copy (Admin & Filing Fee \$25) <input type="checkbox"/> Paper copy (Admin & Filing Fee \$40) <input type="checkbox"/> Both – Electronic Signing and will pick up a paper copy (Admin & Filing Fee - \$50) <input type="checkbox"/> Both – Paper in person signing and would like a PDF sent electronically (Admin & Filing Fee \$50)
Would you like a finalization meeting?	<input type="checkbox"/> No – Electronic signing no meeting required (no charge) <input type="checkbox"/> No – In person quick signing with reception (no charge) <input type="checkbox"/> Yes – Phone call with accountant (up to 15 minutes - \$40 fee) <input type="checkbox"/> Yes – Meeting with the accountant (up to 15 min - \$50 fee) <input type="checkbox"/> Yes – Extended meeting with the accountant (up to 30 minutes - \$85 fee) <input type="checkbox"/> Yes – Will e-mail the accountant any questions and acknowledge that fees may apply but will be 25% off of consulting rates for the flexibility in reply time

ANNUAL INQUIRIES

YOUR INFORMATION Any connections to the US? <ul style="list-style-type: none"> Born in the US / parent is a US citizen Spent significant amount of time in the US 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Canadian Citizen? Would you like to update your name, address, and date of birth with Elections Canada ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own any foreign property or foreign investments (including US stocks) with a total value of more than \$100,000?			<input type="checkbox"/> Yes <input type="checkbox"/> No
SPOUSE INFORMATION Any connections to the US? <ul style="list-style-type: none"> Born in the US / parent is a US citizen Spent significant amount of time in the US 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Canadian Citizen? Would you like to update your name, address, and date of birth with Elections Canada ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own any foreign property or foreign investments (including US stocks) with a total value of more than \$100,000?			<input type="checkbox"/> Yes <input type="checkbox"/> No

LIFE EVENTS

Dependents (Children Under 18, Post-Secondary Students, Disabled Individuals, Elderly Parents)

Name	Birthdate	SIN	Relationship	Tax Return to Be Filed?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

LIFE EVENTS OTHER

Change in Family Member's Health

Has there been a significant impairment in a loved one's health? <ul style="list-style-type: none"> Have you applied or are you going to apply for the disability tax credit? Are you caring for the individual at your home? 	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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OTHER INCOME INFORMATION

Are you collecting rental income?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, address: _____
If yes, was this rental short term or long-term?	
Tax Credit/Deduction Update	Tax Credit/Deduction Update

TAX CREDIT/DEDUCTION UPDATE

Union/professional fees	Moving expenses	Student loan interest
Childcare expenses	Caregiver Amount	Tuition/education
Child/Spousal support payments	Apprentice (ITA transcript)	Digital News Subscription
Charitable/political donations	Trade-person's tools	Medical expenses / Ext. Health Plan (excl. MSP)
First time home buyer	Disability tax credit	Educator school supply tax credit
Volunteer fire fighter / SAR	Senior's home renovation tax credit	RRSP Contributions / Home Buyer Contributions
Work from Home and / or Employment Expenses (T2200)	Service Provider - Tips	Rent paid (BC Only) Total rent paid for year \$_____

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Any questions for the accountant? (Consulting fees may apply)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Client Name: _____ Client Signature: _____

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