



Personal Client Intake Form

This package must be completed in full before our office can start your tax return. **One package per household.** You can access a digital copy this form and other worksheets at <https://www.clarkrobinson.com/>

Date:

Marital Status

Single
 Married
 Common-Law
 Divorced
 Separated
 Widowed

If marital status changed during the year, provide date of change (dd/mm/yy):

Personal Information

| | | | | | | | | |
|-----------------------------|--|------------------------------|-----------------------------|--------------------------------------|--------------------------|--|------------------------------|-----------------------------|
| Taxpayer: | | DOB: | | | | | | |
| | | Email: | | | | | | |
| | | Phone: | | | | | | |
| Are you a Canadian Citizen? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Number of Days spent outside Canada: | Are you an US Citizen? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| SIN: | | | | | If US Citizen – US SSN#: | | | |

| | | | | | | | | |
|-----------------------------|--|------------------------------|-----------------------------|--------------------------------------|--------------------------|--|------------------------------|-----------------------------|
| Spouse: | | DOB: | | | | | | |
| | | Email: | | | | | | |
| | | Phone: | | | | | | |
| Are you a Canadian Citizen? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Number of Days spent outside Canada: | Are you an US Citizen? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| SIN: | | | | | If US Citizen – US SSN#: | | | |

Physical Address:

City: Province: Postal Code:

Mailing Address (if different from above):

City: Province: Postal Code:

Sold Principal Residence during tax year Yes No Year of Original Purchase Year of Sale

Address Sale Price

Was the property used as principal residence for all the years it was owned (ordinarily inhabited by the taxpayer for all years owned.) Yes No If not, provide details:
Land size if ≥ 1 Acre Zoning if ≥ 1 Acre

Dependants (Children, Spouse, Parents etc.)

| Name | Relationship | DOB | SIN | Disability Amount | Income | Child Care Expenses |
|------|--------------|-----|-----|-------------------|--------|---------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Did you support a parent, grandparent or other dependent in your home during the year? If so, you may qualify for a "caregiver" tax credit. Please provide information above.

| Residence | | |
|---|---|--|
| Province or territory of residence on December 31: | | |
| Did the taxpayer immigrate to Canada or emigrate from Canada during the year | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, provide date of entry into Canada: | Or date of departure: | |
| Elections Canada | | |
| Do you consent to sending your name, address, and date of birth to Elections Canada so they can confirm the information on their Register? They will not add your name to the register, only correct information already on file. This question must be answered for us to file the tax return. Please indicate below how you would like us to answer this question on your return. We will file the return with the same response as last year if we do not hear from you. | | |
| Taxpayer: | Spouse: | |
| <input type="checkbox"/> I consent to sending this information | <input type="checkbox"/> I consent to sending this information | |
| <input type="checkbox"/> I do not consent to sending this information | <input type="checkbox"/> I do not consent to sending this information | |
| Types of Income | | |
| | Taxpayer | Spouse |
| T4 slips from employment earnings | <input type="checkbox"/> | <input type="checkbox"/> |
| T5 slips for dividend, interest and other investment income | <input type="checkbox"/> | <input type="checkbox"/> |
| T3 slips for dividend, interest and other investment income | <input type="checkbox"/> | <input type="checkbox"/> |
| T4A (OAS) slip for Old Age Security payments. | <input type="checkbox"/> | <input type="checkbox"/> |
| T4A (P) slip for Canada Pension Plan benefits. | <input type="checkbox"/> | <input type="checkbox"/> |
| T4E slip for Unemployment Insurance benefits received. | <input type="checkbox"/> | <input type="checkbox"/> |
| T4RSP and/or T4RIF slips for income received from RRSPs or RIFs. | <input type="checkbox"/> | <input type="checkbox"/> |
| T5013 Income from a limited partnership. Please provide us with any slips and information received. | <input type="checkbox"/> | <input type="checkbox"/> |
| T5008 slips for sale of securities. If you sold any stocks, bonds, or mutual funds during the year you must report the sale on your return. For each security sold please list the following information: Number of units sold, description of security, year acquired, proceeds, original cost, and any selling costs. Provide us with realized gains and loss report on sale of investments. | <input type="checkbox"/> | <input type="checkbox"/> |
| TIPS | <input type="checkbox"/> | <input type="checkbox"/> |
| If you worked outside of Canada or have received any income from outside of Canada, please provide this information i.e. W2 or U.S. Social Security | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-employed income. Please sort and summarize the income and expenses for your self-employed earnings. We do not require the receipts, but you must keep them for Canada Revenue Agency if they request them in the future. See separate form: Self-employment Income | <input type="checkbox"/> | <input type="checkbox"/> |
| Rental income and expenses. Please sort and summarize the income and expenses for each rental property you own. We do not require the receipts, but you must keep them for Canada Revenue Agency if they request them in the future. See separate form: Real Estate Rental | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide details re the sale/disposition of all capital property | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received alimony or child support payments during the year, please let us know the following, provide copy of your agreement and whether the terms of your agreement changed during the year. <u>From whom did you receive it:</u> _____ <u>Amount received (alimony) \$:</u> _____ <u>Social Ins.#:</u> _____ <u>Amount received (child support) \$:</u> _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Other income not described above (such as Contractor payments, Worker's Comp). Please provide the following (attach separate list if necessary). <u>Amount received \$</u> _____ <u>Source:</u> _____ | <input type="checkbox"/> | <input type="checkbox"/> |



| Deductions and Credits | | |
|---|--------------------------|--------------------------|
| RRSP contribution receipts for Mar–Dec of last year, and contributions made in the first 60 days of this year. | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide details of any withdrawals or repayments under the RRSP First-Time Home Buyer’s Plan | <input type="checkbox"/> | <input type="checkbox"/> |
| If you had any childcare expenses please include the name, Social Insurance Number and amount you paid to each individual or organization. See separate form: Child Care Expense | <input type="checkbox"/> | <input type="checkbox"/> |
| If you made alimony or child support payments during the year, please let us know the following, provide copy of your agreement and whether the terms of your agreement changed during the year. To whom did you pay it: _____ Amount paid (alimony) \$: _____ SIN #: _____ Amount paid (child support) \$: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide us with receipts for any union dues or professional fees paid that are not included in your T4 slip | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any interest on money borrowed to earn investment income? If so, please provide us with the amount of any interest paid during the year. If you can obtain a letter from the lender which shows the interest paid this would be very helpful. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay interest on Student Loans? If so, please provide us with the amount of any interest paid during the year. If you can obtain a letter from the lender which shows the interest paid this would be very helpful. | <input type="checkbox"/> | <input type="checkbox"/> |
| Investment counsel fees to earn investment income are deductible on your return. Please provide us with applicable amounts. | <input type="checkbox"/> | <input type="checkbox"/> |
| Please summarize any deductible employment or commission expenses you incurred during the year. See separate forms: Employment Expenses, Motor Vehicle Expenses, and Business Use of Home Expenses Note: only qualify for Home Office Expenses if you either: a) Primarily work in a home office with no other office locations OR b) Routinely meet clients at home for business purposes. | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are a Teacher or Early Childhood Educator, did you have any eligible supplies expenses (Max \$1,000) | <input type="checkbox"/> | <input type="checkbox"/> |
| If you made any charitable donations during the year, please provide us with the receipts. - See separate form: Charitable Donations | <input type="checkbox"/> | <input type="checkbox"/> |
| If you made any political donations during the year, please provide us with the receipts. | <input type="checkbox"/> | <input type="checkbox"/> |
| If you had any medical expenses during the year, please provide us with the receipts and indicate who each expense was paid on behalf of. See separate form: Medical Expenses | <input type="checkbox"/> | <input type="checkbox"/> |
| Any tuition fees paid by you, your spouse, or children may be deductible by you. Please provide all receipts. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you move during the year? If so, please provide details and expenses incurred but not reimbursed. | <input type="checkbox"/> | <input type="checkbox"/> |
| Volunteer Firefighter / Search and Rescue Certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability Tax Credit | <input type="checkbox"/> | <input type="checkbox"/> |
| BC Senior’s Home Accessibility Expenses | <input type="checkbox"/> | <input type="checkbox"/> |
| Rules on Foreign Property | | |
| Did you own or have an interest in, foreign property at any time during the year with a total cost of more than CAN\$100,000 that you used for business or for rental income <p style="text-align: right;">Taxpayer: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Spouse: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> | | |
| Did you transfer or loan money to a foreign trust during the year or in previous years, or receive a loan or distribution from a foreign trust during the year or in previous years. <p style="text-align: right;">Taxpayer: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Spouse: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> | | |
| <i>Should Canada Revenue Agency determine that you owned or had an interest in foreign property with a cost of more than CAN\$100,000 during the year that you used for business/rental, and you have reported otherwise, severe penalties will be imposed. Please contact our office if you have any questions related to these requirement</i> | | |



Tax Instalments

If you were required to make installment payments during the year, please provide us with a list of actual payments you made. If you have a statement from Canada Revenue Agency showing the total amount paid, please forward it to us.

Taxpayer \$:

Spouse \$:

Paper vs Electronic Signature

In an effort to be move to an entirely paperless operation, and to provide an environmentally friendly option we are offering to send a pdf copy of your return via a secure portal. Should you not wish to have your copy sent this way; a paper copy will be provided for you. Please indicate below how you would like your client copy of the return produced.

| | <u>PDF via iFirm Portal</u> | <u>Paper Copy</u> |
|----------|-----------------------------|--------------------------|
| Taxpayer | <input type="checkbox"/> | <input type="checkbox"/> |
| Spouse | <input type="checkbox"/> | <input type="checkbox"/> |

Summary

We hope you find this checklist helpful in preparing the information for us. To help us complete your return before the April 30th deadline, please bring your information to us, along with a completed copy of this letter before March 30th. In the meantime, if you have any questions regarding your return, please feel free to contact us

| PERSONAL CLIENT INTAKE INFO REQUIRED | Taxpayer | Spouse | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Copies of your Prior Year's T1 Personal Income Tax Return | <input type="checkbox"/> |
| Accepted client portal invite (iFirm) | <input type="checkbox"/> |
| CRA authorization letter | <input type="checkbox"/> |
| Other (define) | <input type="checkbox"/> |

Additional Information

Fees:

Our services are provided at hourly rates that are dependent on the level of required expertise and the type of services requested. We are very confident that our fees are competitive with other professional accounting firms.

FOR OFFICE USE ONLY:

| | | | | | | | |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Partner | MG <input type="checkbox"/> | KB <input type="checkbox"/> | TJ <input type="checkbox"/> | | | | |
| Manager | DB <input type="checkbox"/> | TK <input type="checkbox"/> | RM <input type="checkbox"/> | BG <input type="checkbox"/> | RB <input type="checkbox"/> | LN <input type="checkbox"/> | CC <input type="checkbox"/> |
| Admin (<i>responsible for client onboarding</i>) | TW <input type="checkbox"/> | KB <input type="checkbox"/> | EC <input type="checkbox"/> | | | | |

