

## C & V Income Tax Services Client Information Form

Tax Year(s) to Be Filed \_\_\_\_\_ ☐ New Client ☐ Prior Client

Name \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

Address \_\_\_\_\_

Province of Residence on December 31st : \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status on Dec 31st of Tax Year \_\_\_\_\_

IF Marital Status Changed During the Year: Date \_\_\_\_\_ Prior Status \_\_\_\_\_

### Spouse Information

Spouse's Name \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

Spouse Date of Birth \_\_\_\_\_

Are we Preparing a Return for your Spouse with this submission ☐ Yes ☐ NO

If NO, what was their Net Income \_\_\_\_\_

If YES, would you like to Pension Split ☐ Yes ☐ NO \*\*\* If applicable

### Please List Each of Your Dependent Children

Name _____	Date of Birth _____	Income _____
Name _____	Date of Birth _____	Income _____
Name _____	Date of Birth _____	Income _____
Name _____	Date of Birth _____	Income _____
Name _____	Date of Birth _____	Income _____

Are we preparing a return for any of your dependants ☐ Yes ☐ NO If Yes, list which ones \_\_\_\_\_

Did you pay Rent or Property Tax during the Year? ☐ Yes ☐ NO In Which Province: \_\_\_\_\_

Total Paid In the Year Rent \_\_\_\_\_ Property Tax \_\_\_\_\_

Do you own any Foreign Assets OUTSIDE of Canada that exceed \$100,000? ☐ Yes ☐ NO

IF YES What type of Asset? \_\_\_\_\_ Owned with Spouse? ☐ Yes ☐ NO

Did you purchase or sell a home this year? ☐ Purchased ☐ Sold Owned with Spouse? ☐ Yes ☐ NO

If you **Sold** a home - Full Address: \_\_\_\_\_

Total Sale Amount \$ \_\_\_\_\_ Sale Date \_\_\_\_\_ Year Purchased \_\_\_\_\_

If you **Bought** a home - Date of Closing? \_\_\_\_\_

Did you or your spouse own a home in the past 5 years? ☐ Yes ☐ NO

Has anyone else claimed any amount toward the \$10,000 Credit? ☐ Yes ☐ NO If YES \$ \_\_\_\_\_

Does anyone pay or recieve support payments? ☐ Yes ☐ NO

<input type="checkbox"/> Paid By _____	Spousal Amount \$ _____	Child Amount \$ _____
<input type="checkbox"/> Recieved By _____	Spousal Amount \$ _____	Child Amount \$ _____

Did anyone pay tuition in the year? ☐ Yes ☐ NO \*\* Must attach T2202

If the taxpayer is unable to use the full tuition ☐ Carry Forward OR ☐ Transfer to: \_\_\_\_\_

Was the tuition reimbursed by anyone? By Whom \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Please mark off any of the following credits or deductions**

<input type="checkbox"/> CRA Approved Disability Credit for _____	
<input type="checkbox"/> Charitable	Amount Paid \$ _____ OR Receipts Attached Qty _____
<input type="checkbox"/> Child Care	Amount Paid \$ _____ OR Receipts Attached Qty _____
<input type="checkbox"/> Educator Supply	Amount Paid \$ _____ OR Receipts Attached Qty _____
<input type="checkbox"/> Home Accessibility	Amount Paid \$ _____ OR Receipts Attached Qty _____
<input type="checkbox"/> Medical Expenses	Amount Paid \$ _____ OR Receipts Attached Qty _____
<input type="checkbox"/> Senior Public Transit	Amount Paid \$ _____ OR Receipts Attached Qty _____
<input type="checkbox"/> Student Loan Interest	Amount Paid \$ _____ OR Receipts Attached Qty _____
<input type="checkbox"/> Tax Paid By Installments	Amount Paid \$ _____ OR Receipts Attached Qty _____
<input type="checkbox"/> Union Dues	Amount Paid \$ _____ OR Receipts Attached Qty _____

**Please Check off Any Information Slips You Are Attaching and the Quantity of Each Slip**

<input type="checkbox"/> T2202A Qty _____	<input type="checkbox"/> T4A Qty _____	<input type="checkbox"/> T4E Qty _____	<input type="checkbox"/> T4RSP Qty _____	<input type="checkbox"/> T5008 Qty _____
<input type="checkbox"/> T3 Qty _____	<input type="checkbox"/> T4A(OAS) Qty _____	<input type="checkbox"/> T4PS Qty _____	<input type="checkbox"/> T5 Qty _____	<input type="checkbox"/> T5013 Qty _____
<input type="checkbox"/> T4 Qty _____	<input type="checkbox"/> T4A(P) Qty _____	<input type="checkbox"/> T4RIF Qty _____	<input type="checkbox"/> T5007 Qty _____	<input type="checkbox"/> RC210 Qty _____

<input type="checkbox"/> <b>Employment Expenses</b>	Complete the worksheet here: <a href="https://www.cvtax.ca/resources/employment-expense-worksheet/">https://www.cvtax.ca/resources/employment-expense-worksheet/</a>
<input type="checkbox"/> <b>Final and Trust Returns</b>	Complete the worksheet here: <a href="https://www.cvtax.ca/resources/final-and-trust-return-checklist/">https://www.cvtax.ca/resources/final-and-trust-return-checklist/</a>
<input type="checkbox"/> <b>Moving Expenses</b>	Complete the worksheet here: <a href="https://www.cvtax.ca/resources/moving-expense-worksheet/">https://www.cvtax.ca/resources/moving-expense-worksheet/</a>
<input type="checkbox"/> <b>Rental Property</b>	Complete the worksheet here: <a href="https://www.cvtax.ca/resources/rental-property-worksheet/">https://www.cvtax.ca/resources/rental-property-worksheet/</a>
<input type="checkbox"/> <b>Self Employed Income</b>	Complete the worksheet here: <a href="https://www.cvtax.ca/resources/business-return-worksheet/">https://www.cvtax.ca/resources/business-return-worksheet/</a>

**Additional Information**

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How would you like to pay for your services?	<input type="checkbox"/> E-Transfer	<input type="checkbox"/> In Office	<input type="checkbox"/> Pay @ Door
How would you like your return delivered to you?	<input type="checkbox"/> Email	<input type="checkbox"/> In Office	<input type="checkbox"/> Curbside Pick Up
Are you interested in an Instant Refund if you qualify?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	** You must come into the office to pick up a cheque

**Please Read and Sign**

The undersigned certifies that the information supplied here is complete and accurate. C&V Income Tax Services will prepare your tax return based on the information supplied here by the taxpayer. C&V Income Tax Services assumes no liability for errors occurred due to lack of information supplied or misrepresentation by the Taxpayer. The undersigned agrees to pay all fees for services upon completion. Overdue Accounts are subject to 2%/month interest charge (28.5%/annum) and after 90 days a collection administration charge of \$45 will be added to your account.

Signed \_\_\_\_\_ Dated \_\_\_\_\_