

CLIENT DATA SHEET

FOR OFFICE USE ONLY

REFERRED BY: \_\_\_\_\_

DATE REC'D: \_\_\_\_\_ INT. \_\_\_\_\_

CURRENT TAX YEAR FILING \_\_\_\_\_

REVIEW DATE: \_\_\_\_\_ INT. \_\_\_\_\_

P/U DATE: \_\_\_\_\_ INT. \_\_\_\_\_

RETAINER FEE: \$ \_\_\_\_\_ DATE \_\_\_\_\_

**TAXPAYERS INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE # / CELL #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SIN #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ DECEASED: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YY MM / DD / YY

Did you sell your Principal Residence in 2024? Y N  
(\*if yes, please provide Statement of Adjustments and Month and Year of Acquisition)

MARITAL STATUS: M W D SEP. SING. C-L PROVINCE OF RESIDENCE ON DEC. 31: \_\_\_\_\_

DATE MARITAL STATUS CHANGED: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

**SPOUSE'S INFORMATION:**

NAME: \_\_\_\_\_ SIN #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ DECEASED: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY MM DD YY

TELEPHONE # / CELL #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CHILDREN / DEPENDANTS: \_\_\_\_\_

NAME: \_\_\_\_\_ S D D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ SIN #: \_\_\_\_\_  
MM DD YY  
NAME: \_\_\_\_\_ S D D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ SIN #: \_\_\_\_\_  
MM DD YY  
NAME: \_\_\_\_\_ S D D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ SIN #: \_\_\_\_\_  
MM DD YY  
NAME: \_\_\_\_\_ S D D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ SIN #: \_\_\_\_\_  
MM DD YY

CHILD CARE / CAMP EXPENSES Y N

LAST TAX YEAR FILED: \_\_\_\_\_ ACCOUNTING FEES FROM LAST YEAR: \$ \_\_\_\_\_

ARE YOU A CDN CITIZEN: Y N SELF SPOUSE

DISABILITY TAX CREDIT: Y N

**OVER →**

NAME: \_\_\_\_\_

MEDICAL RECEIPTS: Y N RRSP CONTRIBUTION: Y N T2200: Y N  
DONATIONS: Y N FHSA: Y N HOME BUYERS PLAN: Y N  
TUITION: Y N MOVING EXPENSES: Y N STUDENT LOAN INTEREST Y N  
RENTAL PROPERTY: Y N

# OF T4 SLIPS: \_\_\_\_\_ # OF T4A SLIPS: \_\_\_\_\_ # OF T5 SLIPS: \_\_\_\_\_  
# OF T3 SLIPS: \_\_\_\_\_ # OF T4AOAS: \_\_\_\_\_ # OF T4AP: \_\_\_\_\_  
# OF T4RSP: \_\_\_\_\_ # OF T4RIF: \_\_\_\_\_ # OF T4E: \_\_\_\_\_

OTHER (LIST): \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

SELF EMPLOYED: COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HST # \_\_\_\_\_ ANNUAL QUARTERLY FILER

NAICS #: \_\_\_\_\_

Did you own or hold Foreign Property at any time in the year with a total cost of more than \$100,000.00 CDN?

(If you answered yes to this question, please provided us with the details.) Y N

RENT AND/OR PROPERTY TAXES: (PLEASE CIRCLE WHICH IS APPLICABLE)

AMOUNT PAID: \$ \_\_\_\_\_ @ \_\_\_\_\_ % = \_\_\_\_\_  
**(WE WILL REQUIRE A RECEIPT OF THE AMOUNT PAID)**

LANDLORD NAME AND/OR CITY TAXES PAID TO: \_\_\_\_\_

ADDRESS LIVED: \_\_\_\_\_

NUMBER OF MONTHS LIVED AT THIS ADDRESS FOR CURRENT YEAR: \_\_\_\_\_

I have reviewed the information on this form, and to he best of my knowledge and belief, it is complete as shown. Further, I confirm that all worldwide gross income and dispositions of property has been disclosed and that all expenses are bona fide regarding the business or property referenced and that vouchers to support expenditures are available.

I hereby authorize J P Accounting & Tax Services Inc. to prepare my taxes for the year mentioned above, from the information supplied. I acknowledge that all tax preparation fees due to J P Accounting & Tax Services Inc. are payable at the time I receive my completed tax return.

\_\_\_\_\_  
SIGNATURE DATE