



2019 Personal Tax Client Questionnaire

Please complete the following information to assist us in preparing your tax return.

Please fill out a separate form for each taxpayer.

First Name

Last Name

SIN

DOB

Email Address

Phone Number

Mailing Address

Marital Status

Spouse's Name

Spouse's SIN

Spouse's 2019 Income

Did you move during the year?

Yes

No

If yes, please provide all addresses where you resided in the tax year and the date of each move:

Address:

Dates:

Did you earn income from rental properties?

Yes

No

If yes, please submit a summary of revenues and expenses from each rental property

Did you earn income from a personal business?

Yes

No

If yes, please submit a summary of revenues and expenses from each personal business

Do you have any dependants for tax purposes?

Yes

No

If yes, please provide their full names and dates of birth below:

Name:

DOB:

Name:

DOB:

Name:

DOB:

To add/change direct deposit information on file with CRA, provide banking information:

Institution

Transit #

Account #

Other notes/important info you wish to share: