

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 2021 Income

Did you move during the year?

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?

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

Did you earn income from a personal business?

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

Do you have any dependants for tax purposes?

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:

A large, empty rectangular box with a thin black border, intended for the user to type or write additional information.