

Institution

Personal Tax Client Questionnaire

Transit #

Please complete the following information to assist us in preparing your tax return. Please fill out a separate form for each taxpayer. Last Name First Name SIN DOB **Email Address** Phone Number Mailing Address Marital Status Spouse's Name Spouse's 2023 Income Spouse's SIN 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: DOB: Name: Name: DOB: Name: DOB: To add/change direct deposit information on file with CRA, provide banking information:

Account #



Other notes/important info you wish to share:	