

Business Direct Client Information Form

Tax Year to be Filed _____ Please fill out a form for each year New Client Prior Client

Name _____ **Social Insurance No.** _____

Address _____

Home Phone _____ **Cell Phone** _____ **Email** _____

Date of Birth _____ **Marital Status On Dec 31st of Tax Year** _____

IF your Marital Status Change during the year: **Date** _____ **Prior Status** _____

Spouse's Name _____ **Social Insurance No.** _____

Spouse Date of Birth _____

Are we preparing a return for your spouse Yes No

IF No, what was their Net Income _____

IF Yes, would you like to: Pension Split Yes No Family Tax Cut Yes No ****if you qualify**

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 dependents Yes No **IF Yes**, list which ones

Do you own any Foreign Assets OUTSIDE of Canada? Yes No

IF Yes, What type of foreign asset? _____ Owned with Spouse Yes No

Where is the foreign asset located? _____ Value of the asset _____

Is there any income generated from this asset? Yes No **Total for Tax Year** _____

Did you pay Rent or Property Tax during the year? Yes No

Total paid in the year Rent _____ Prop Tax _____ **In which Province** _____

Have you borrowed from your RRSP to buy a home or go back to school? Yes No

IF Yes Home Buyers Repayment _____ Life Long Learning Repayment _____

Does anyone pay or receive support payments? Yes No **Court Order Dated** _____

IF Yes Paid by _____ Spousal Amount _____ Child Amount _____

Received by _____ Spousal Amount _____ Child Amount _____

Does anyone qualify for the following Credits?

Family Caregiver Amount? For whom _____

CCRA Approved Disability Credit? For whom _____

First Time Home Buyers Closing Date _____

Did you or your (C/L)spouse own a home since 2009? Yes No

Has anyone else claimed any amount towards the \$5000 credit? Yes No **If Yes** \$ _____

Healthy Homes Senior Home Renovation Tax Credit **Total Paid** _____

Renovations completed _____ **Date contracted** _____

Did you pay any of these expenses for your children?

- Child Care Amount Paid _____ **OR** Receipts Attached Qty _____
If more than one child list amount per child _____
- Childrens Fitness Credit Amount Paid _____ **OR** Receipts Attached Qty _____
If more than one child list amount per child _____
- Ontario Activity Credit Amount Paid _____ **OR** Receipts Attached Qty _____
If more than one child list amount per child _____
- Arts Tax Credit Amount Paid _____ **OR** Receipts Attached Qty _____
If more than one child list amount per child _____

Did anyone pay tuition in the year? Yes No ** T2202A must be attached

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 Check Off Any Of The Following Items Paid thought the year

- Charitable Donations Amount Paid _____ **OR** Receipts Attached Qty _____
Did you or your (C/L)spouse claimed any donations since 2009? Yes No
- Interest on Student Loans Amount Paid _____ **OR** Receipts Attached Qty _____
- Medical Expenses Amount Paid _____ **OR** Receipts Attached Qty _____
- Public Transit Passes Amount Paid _____ **OR** Receipts Attached Qty _____
- Tax Paid By Installments Amount Paid _____ **OR** Receipts Attached Qty _____
- Union Dues / Professional Fees Amount Paid _____ **OR** Receipts Attached Qty _____

Please Check Off Any Informations Slips You are Attaching and the Quantity of Each Slip

- RC62 Qty _____ RRSP Qty _____ T2202A Qty _____ T3 Qty _____ T4 Qty _____
- T4A Qty _____ T4A(OAS) Qty _____ T4A(P) Qty _____ T4RIF Qty _____ T4RSP Qty _____
- T4E Qty _____ T5 Qty _____ T5007 Qty _____ T5008 Qty _____ T5013 Qty _____
- Other _____

Please Read and Sign

The undersigned certifies that the information supplied here is complete and accurate. Business Direct will prepare your tax return based on the information supplied here by the taxpayer. Business Direct 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.

Signed _____ Dated _____