

Personal Income Tax Questionnaire – New Clients

Drop-Off Date: _____

Please answer the following questions:

- | | |
|---|-------------------------------|
| Provided Copy of Prior Year’s T1 | Circle one
Yes / No |
| Purchased your first home in this tax year? | Yes / No |
| Moved closer to your work in this tax year? | Yes / No |
| Canadian citizen? | Yes / No |
| Do you own foreign property/investments >100K cost? | Yes / No |

Client Name: _____

Spouse Name: _____

Address: _____

Phone/Cell #: _____ **E-mail:** _____

Date of Birth _____ **Spouse DOB** _____

Marital Status: _____ **** Date of marriage/separation during tax year?** _____

Dependants Information:

<i>Full Name</i>	<i>Date of Birth</i>	<i>M/F</i>	<i>S.I.N. (if applicable)</i>

