Irmina M. Koza Chartered Professional Accountant

4-480 Mapleton Avenue Barrie, ON L4N 9C2 Phone (705) 812-2002 Fax 705-792-2138 info@dorelle.ca

Personal Income Tax Questionnaire – New Clients

| Drop-Off Date: | | | | |
|--|------------------|---------------------------------------|--------------|------------------------|
| Please answer the foll | owing questions: | | | |
| Provided Copy of Price Purchased your first h Moved closer to your | | Circle one Yes / No Yes / No Yes / No | | |
| Canadian citizen? Do you own foreign p | OK cost? | Yes / No Yes / No | | |
| Client Name: | | | | |
| Spouse Name: | | | | |
| Address: | | | | |
| Phone/Cell #: | | E-mail: | | |
| Date of Birth | | Spouse DOB | | |
| Marital Status: | ** I | Date of marriage/separ | ation during | g tax year? |
| Dependants Informa | tion: | | | |
| Full Name | | Date of Birth | M/F | S.I.N. (if applicable) |
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| • | If self-employment income and expe | enses: Business Income & Expenses form, House & Vehicle Expenses form |
|-------------|--|--|
| • | If rental property information: | Rental Income & Expenses form |
| • | If employment expenses: | Form T2200 signed by employer |
| Other: | \$ Tools acquired by an apprentice \$ Interest on loan to purchase inv Spousal/Child support received/p Child Care expenses (provide det Public transit amount | estments / Management feesaid |
| • | Medical expenses for whole family (| (provide detailed list) |
| • | Property taxes or Rent paid: | |
| <u>NOTE</u> | <u>S</u> : | |
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