



Personal Tax Existing Client

CALCULATED SUCCESS INC.
Tax Client Data Form

Name: _____ Date: _____

Were you born outside of Canada? Where, if yes? _____

Please check the box if you are you a Canadian citizen?

As a Canadian citizen, do you authorize the Canada Revenue Agency to give your name, address, date of birth and citizenship to Elections Canada for the National Register of Electors?
Your authorization is valid until you file your next return. This information will be used only by Elections Canada for purposes permitted under the Canada Elections Act.

Please check if, in 2017, you owned more than \$100,000.00 of foreign property? **
****This includes Foreign Mutual Funds/Investments****

Do you have any of the following income sources:

- Self Employed
- Rental (property)
- Mary Kay

Did your address and/or your phone number change in 2017? If yes, Please update below? Please update email address as well. If not, Please initial in box

Home Address: _____
City: _____ Prov _____ Postal Code _____

Home Phone: _____ Email address: _____
Work Phone: _____ Mobile Phone: _____

When is the best time to reach you, and at what number? _____
Are you picking up or should we mail your return? _____

Did your marital status change in 2017? If yes, Please update below?

Marital Status: Married Divorced Common Law Separated Widowed Single **If not, Please initial in box**

Date, if status changed in 2017: _____

Spouse Information:
Name _____
SIN: _____
Date of Birth (yyyy-mm-dd): _____

Please check if we are preparing spouse's return? If No, Spouse's Line 236 \$ _____

Do you pay rent or property taxes? Please circle one **Rent or Taxes**
Please provide receipts and/or the following information
(if you normally qualify for the provincial tax credit or if you are unsure)

Address _____
Months _____
Total Amount Paid _____
Landlord or Municipality _____

Please update the information below:

RRSP deduction limit: _____ (Please provide us with a copy of your Notice of Assessment)



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Please check if you pay personally for a medical plan? (eg. Liberty Health) []

Please check if you have medical receipts? []

Do you have any of the following (include receipts)?

- Child Care Expense, Charitable Donations, Moving Expenses, Professional Dues, Ontario Children's Activity Tax Credit, Children's Fitness Amount, Safety Deposit Box, Salesperson's Expense, Tuition Payments, Union Dues, Ontario Senior Homeowners' Property Tax Grant

Have there been any additions to your family in 2017 or has a child started or still in Post Secondary Education in 2017? If yes, please fill in chart below.

Table with 5 columns: Children (under 19) Name, Date of Birth (yyyy-mm-dd), Post Secondary Student? (Y/N), Carry Tuition Fwd to: (or N/A), Net Income Line 236. Includes instruction: If not, Please initial in box

Have student attach copy of T2202A slip (or TL11A if university is outside Canada).

Please check if your children had income in 2017? []

Tuition Transfer: Parent [] Or Child []

Address of Child(ren), if renting: [] Landlord's Name: [] Include Postal Code []

Check if a tax return is needed? [] if yes please have child fill out separate form

Did you sell your primary residence in 2017? YES NO

** Please include a void cheque for direct deposit

Please initial if, your banking information has not changed and we can direct deposit to the account on file. []

Please check if you made any installment payments for 2017? []

Total Amount Paid []

To whom shall we bill (Name or Company)? If different from the name on return []

Please check if we have permission to give information about your return to other family members? []

How did we receive the Return Information? Mail, In Person, Fax or Email? []

Please check, would you like to meet with Marion to go over your tax return when it is complete? []

Please check, would you like to go over your return in private once completed? []

Paper or Electronic copy of return? []

If Electronic copy, what email should we send it to? []