

TAX RETURN DELIVERY PREFERENCE: <input type="checkbox"/> ELECTRONIC OR <input type="checkbox"/> PAPER			
NEW OR RETURNING:		TAX YEAR(S)	TODAY'S DATE:
NAME:		BIRTHDATE:	SIN:
SPOUSE:		BIRTHDATE:	SIN:
FULL ADDRESS:			
PREFERRED METHOD OF CONTACT		EMAIL (Spouse):	
PHONE:	CELL:	EMAIL:	
CLIENT ENGAGEMENT & REPRESENTATION:		Yes	No
Are you a Canadian citizen?		<input type="checkbox"/>	<input type="checkbox"/>
Do you authorize the CRA to provide your name, address, and date of birth to Elections Canada for the National Register of Electors?		<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Disability Tax Credit certification?		<input type="checkbox"/>	<input type="checkbox"/>
Did you own foreign property, including bank accounts or investments at any time during the tax year with a total value in excess of C\$100,000?		<input type="checkbox"/>	<input type="checkbox"/>
Were you or your family a tenant who rented a dwelling?		<input type="checkbox"/>	<input type="checkbox"/>
Marital Status			
		<input type="checkbox"/> Single	<input type="checkbox"/> Separated
		<input type="checkbox"/> Common-Law	<input type="checkbox"/> Divorced
		<input type="checkbox"/> Married	<input type="checkbox"/> Widowed
		Date of change:	
Did you Buy/Sell Real Estate in the tax year:			
<input type="checkbox"/> Principal residence <input type="checkbox"/> Other *if other, please provide purchase/sale documents <input type="checkbox"/> Did you own the property less than 365 days? <input type="checkbox"/> Did you own the property less than 730 days?			
Address of sold Real Estate:			
Year of acquisition:	Sale price:	Ownership (%):	Other owners name(s):
Does any of the following apply to you:			
<input type="checkbox"/> Self-Employment Income		<input type="checkbox"/> Rental Income	
<input type="checkbox"/> Are you a GST registrant? If so, GST #:		<input type="checkbox"/> Short Term Rental Income	
<input type="checkbox"/> Farm Income		<input type="checkbox"/> If so, are you compliant with all municipal and provincial regulations and licensing?	
<input type="checkbox"/> Medical Related Travel Expenses		<input type="checkbox"/> Are you a GST registrant? If so, GST #:	
DEPENDANT CHILDREN?			
Name	Son/Daughter	Birthdate	SIN
			Disabilities Y/N
			Income Y/N
			If yes, Net Income
Do you have a Will and/or Power of Attorney?			
<input type="checkbox"/> Will – Name of Executor(s):		<input type="checkbox"/> POA – Name of POA(s):	
Does your spouse have a Will and/or Power of Attorney?			
<input type="checkbox"/> Will – Name of Executor(s):		<input type="checkbox"/> POA – Name of POA(s):	
I herein engage ROBBINS & COMPANY to prepare my/our T1 Personal Returns based on the information above. My signature on the tax return and the T1013 Consent form will confirm that the terms, nature & scope of the engagement has been met, and further, that to the best of my knowledge I/we have provided all information necessary to prepare my/our tax return(s).			
Signature:			
FOR OFFICE USE ONLY		PREPARER:	
		Previous Year \$:	
	INITIAL	DATE	PREPARER NOTES:
ENTER INTO T1 SPREADSHEET			
PREPARED BY			
REVIEWED BY			
GST FILED (If applicable)			
CONTACTED			
PAID – Invoice Total \$			
EFILED			
CONTACT/ADMIN NOTES:			