

Self-Employed O

Rental Income O

Employment Expenses / Home office Expenses O

Tel: 514-317-1736 |Fax: 514-800-2933 <u>impotaxe.ca</u> | info@impotaxe.ca <u>facebook.com/ImpotaxeINC</u> | <u>instagram.com/impotaxe</u> <u>linkedin.com/company/impotaxe</u>

INTERVIEW: NEW CLIENT Today's Date: Gender F First Name Last Name Social Insurance Number (SIN) Date of birth Email Telephone Apartment No. Address Postal Code City **Province** Property owner Tenant At a family member/ friend Subsidized HML/Low rent Do you have Canadian citizenship? Date of immigration/emigration Yes Nο if during the year Did you own or hold specified foreign property where the total cost amount of all such property, Yes at any time in the year, was more than CAN\$100,000? No First-time home Buyer during the year? Yes No Do you have a HBP O REEP O Amount to be repaid annually \$ Did you sell your principal residence during the year (Answer even if your capital gain is not taxable) Y Ν Year of acquisition Purchase price Selling price Did you live alone or only with children under 18 throughout the year? Yes No Have you hosted a parent over 65 during the year? Yes No Drug Insurance Plan (Please specify the months:) O Government (RAMQ) Tο From O Own group From To O Spouse's or parent's To From O Exception: Permit, etc. To From What was your marital status on December 31st? Widowed Single Living common-Law Married Separated Divorced Has your marital status changed during the year? Yes No Do you have a physical or mental disability? No Installment payments made for the year to Canada Revenue Agency \$ Revenue Quebec Check the option(s) that apply(applies) to your situation and consult the appropriate checklist on our website

Moving Expenses (+40km) O



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DEPENDENT #1						DEPENDENT #2						
First Name						First Name						
Last Name						Last Name						
Gender Ma	ale Fer	nale				Gender	Male	Female				
Social Insurance Number (SIN)						Social Insu	Social Insurance Number (SIN)					
Date of birth						Date of birtl	Date of birth					
Relationship to you						Relationshi	Relationship to you					
Shared custody? (if yes indicate the%)						Shared custody? (if yes indicate the%)						
Physical / artistic activity?						Physical / a	Physical / artistic activity?					
Tuition fees to transfer to you?						Tuition fees	Tuition fees to transfer to you?					
Net Income						Net Income	Net Income					
SPOUSE												
First Name Last Nam						ne			Gender	М	F	
Social Insurance	e Number (SIN) _				Date of b	oirth					
Telephone		Ema	ail									
Do you have Ca	nadian citiz	enshi	ip? Ye	S	No	Date of imn	-	emigration				
Did you own or l at any time in th	· · ·						amount o	f all such p	roperty,	Yes No		
Buyer of a first h	ouse durin	g the	year?	Yes	No)						
Did you sell your	principal re	esiden	ce durin	g the	year (A	nswer even if	your capi	tal gain is r	not taxable	∋) Y	Ν	
Year of acquisition	on	Pur	chase p	rice	\$;	Selling pri	ce \$				
Do you have a	HBP O	REEP	O Ar	noun	t to be r	epaid annuall	y \$					
Drug Insurance	Plan (Pleas	se spe	cify the	mon	ths:)							
	ent (RAMQ)	From			То						
O Own grou	up or parent's		From From			To To						
•	n: Permit, e		From			То						
					No							
• •						a Revenue Aç ue Quebec	gency	\$ \$				
Check the option	n(s) that ap	ply(ap	plies) to	your	situatio	n and consult	the appro	opriate che	cklist on a	our we	bsite	
Self-Employed	O Ren	tal Ind	come O	N	Noving E	Expenses (+40	0km) ()					
Employment Ex	penses / H	ome o	office Ex	pense	es O							