

INTERVIEW: NEW CLIENT

Today's Date:

First Name _____ Last Name _____ Gender M F

Social Insurance Number (SIN) ____ ____ ____ Date of birth _____

Telephone ____ ____ ____ Email _____

Address _____ Apartment No. _____

City _____ Province _____ Postal Code _____

Property owner Tenant At a family member/ friend Subsidized HML/Low rent

Do you have Canadian citizenship? Yes No Date of immigration/emigration if during the year _____

Did you own or hold specified foreign property where the total cost amount of all such property, at any time in the year, was more than CAN\$100,000? Yes No

First-time home Buyer during the year? Yes No

Do you have a HBP REEP Amount to be repaid annually \$ _____

Did you sell your principal residence during the year (Answer even if your capital gain is not taxable) Y N

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:)

- Government (RAMQ) From _____ To _____
- Own group From _____ To _____
- Spouse's or parent's From _____ To _____
- Exception: Permit, etc. From _____ To _____

What was your marital status on December 31st?

Single Living common-Law Married Separated Divorced Widowed

Has your marital status changed during the year? Yes No

Do you have a physical or mental disability? Yes No

Installment payments made for the year to Canada Revenue Agency \$ _____
Revenue Quebec \$ _____

Check the option(s) that apply(apply) to your situation and consult the appropriate checklist on our website

Self-Employed Rental Income Moving Expenses (+40km)

Employment Expenses / Home office Expenses

DEPENDENT #1

First Name

Last Name

Gender Male Female

Social Insurance Number (SIN) ___ ___ ___

Date of birth

Relationship to you

Shared custody? (if yes indicate the%)

Physical / artistic activity?

Tuition fees to transfer to you?

Net Income

DEPENDENT #2

First Name

Last Name

Gender Male Female

Social Insurance Number (SIN) ___ ___ ___

Date of birth

Relationship to you

Shared custody? (if yes indicate the%)

Physical / artistic activity?

Tuition fees to transfer to you?

Net Income

SPOUSE

First Name

Last Name

Gender M F

Social Insurance Number (SIN) ___ ___ ___

Date of birth

Telephone

Email

Do you have Canadian citizenship? Yes No

Date of immigration/emigration
if during the year

Did you own or hold specified foreign property where the total cost amount of all such property, at any time in the year, was more than CAN\$100,000? Yes No

Buyer of a first house during the year? Yes No

Did you sell your principal residence during the year (Answer even if your capital gain is not taxable) Y N

Year of acquisition

Purchase price \$

Selling price \$

Do you have a HBP REEP Amount to be repaid annually \$

Drug Insurance Plan (Please specify the months:)

Government (RAMQ) From To

Own group From To

Spouse's or parent's From To

Exception: Permit, etc. From To

Do you have a physical or mental disability? Yes No

Installment payments made for the year to

Canada Revenue Agency

\$

Revenue Quebec

\$

Check the option(s) that apply(apply) to your situation and consult the appropriate checklist on our website

Self-Employed Rental Income Moving Expenses (+40km)

Employment Expenses / Home office Expenses