

Name(s):		Preferred Phone #:	
Email Address:		<input style="width: 100%;" type="text"/>	
Your Copy of the Tax return <input type="checkbox"/> PDF <input type="checkbox"/> Paper			
Additional Email:			

Returning Client Questionnaire

During the most recent tax year, **did you:**

<p><u>Have a change in marital status?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please indicate new status and spousal information, if applicable</i></p>	<p><u>New marital status</u> <input type="radio"/> Married <input type="radio"/> Living common-law</p>	<p><u>Date of Status Change:</u> <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed</p>	<p><u>Spouse's Name:</u> <u>Date of Birth:</u> <u>SIN:</u></p>
<p>If <u>separated/divorced</u> is there a formal/informal agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, to either question, please supply a copy if not previously provided.</i></p> <p>Have there been any changes to an existing formal/informal agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p><u>Have any significant health changes for you or your family?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, see right</i></p>	<p><i>Health matters can have significant impacts on tax liabilities. Please describe GENERALIZED nature below. (If you prefer to discuss changes in person/over phone, please indicate.)</i></p>		
<p><u>New Dependents? ie: Children, Parents etc.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, see right</i></p>	<p><u>Name:</u> <u>Date of Birth:</u> <u>Gender:</u> <u>SIN:</u></p>	<p><u>Name:</u> <u>Date of Birth:</u> <u>Gender:</u> <u>SIN:</u></p>	<p><u>Name:</u> <u>Date of Birth:</u> <u>Gender:</u> <u>SIN:</u></p>
<p><u>Did you move in 2022?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, see right</i></p>	<p><u>New Address:</u> <u>City:</u> <u>Province:</u> <u>Postal Code:</u></p>		
<p><u>Buy or sell any real estate?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, see right</i></p>	<p><u>Purchase Address:</u> <u>City:</u> <u>Province:</u> <u>Postal Code:</u> <u>Year of Purchase:</u> <u>Purchase Price:</u></p>	<p><u>Sale Address:</u> <u>City:</u> <u>Province:</u> <u>Postal Code:</u> <u>Year of Sale:</u> <u>Sale Price:</u></p>	
<p><u>Hold any foreign investments with value over \$ 100,000?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>* If yes, see right</i></p>	<p><u>Nature of investment(s) (ie. securities, vacation home, rental property, etc.):</u></p>		<p><u>Market value of investment(s):</u></p>
<p><u>Do you hold shares representing 10% or more of a foreign company?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, we will contact you for more details.</i></p>			
<p><u>Do you have any Ontario Staycation receipts? (With HST No. Included)</u> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

Anything else we should know for this year's tax return(s)?