

Other Services Used in Office

- □ Payroll & WSIB filing
- □ Bookkeeping & HST
- □ Corporate Returns (T2)

Client Information Sheet

Personal Information			Returning Client – enter only new information							
First Name	Last Name					Date of Birth		SIN#		
Email					Hon	ne Phone	Cell I	Phone		
Canadian Citizen	ian Citizen 🗆 Yes 🗌 No 🛛 If No, Date of Ent				Can	ada:				
Marital Status on Dec 31 st Single Married Common-Law Separated Divorced Widowed						'idowed				
Marital Status Changed? Yes No Own \$100,000+ of Foreign Property? Yes No					🗆 No					
Paperless Return and/or NOA? Yes No			Sold your	Res	idence during the Ta	ix Yeai	r? 🗌 Yes	🗆 No		

Spouse (if applicable)

□ Returning Client – enter only new information

Name			Date of Birth	Date of Birth		
Email			Home Phone	Cell Pho	ne	
Canadian Citizen	Yes 🗌 No	If No, Date of Entry to Canada:				

Address

Street Address	Yearly Property Ta	Yearly Property Tax		
	\$		\$	
City	Province	Postal C	ode	

Dependants

Name	Relationship	Date of Birth	SIN#

Applicable Tax Credits and Other Items

RRSP Contributions	Student Loan Interest	Tool Expenses (Tradespersons)
Medical Expenses	Child Care Expenses	Employment Expenses (T2200)
Charitable or Political Donations	Moved 40km+ for Work/School	Moved to/from Canada
Disability Tax Credit	Legal Fees (Severance/Support)	Caregiver or Eligible Dependant
First Time Home Buyer	Spousal Support Paid / Received	Accessibility Renos (65+)
Professional/Union Dues	Sold Investments or Real Estate	Truckers Expenses (TL2)
Tuition Fees (T2202	Business or Rental Income	Other (enter in comments)

Comments

Authorization/Cancellation request – signature page

Instructions:

X

- 1. Have the taxpayer or legal representative sign and date this page.
- 2. Retain a copy of the signed and dated signature page in your files for six years from the date that this information is transmitted to the CRA. Do not send us the signature page by mail or fax unless requested to do so.

Representative information	1 <u></u>	
Rep ID		
Group ID	First name:	Last name:
	Group name:	Cote and Associates Professional Corporation
Business number (BN)	Business name:	
Taxpayer information		
Social insurance number		
	First name:	Last name:
Authorization information-		
		Year Month Day
Level of authorization (level 1 or 2):	2	Expiry date (optional)
Cancellation information		
	procentative(a) and re	amove their eccess to your information. Check the enprepriate boy
Complete this section to cancel your re	presentative(s) and re	emove their access to your information. Check the appropriate box.
Cancel all representatives		
or		
Cancel the representative listed	below:	
Rep ID		
	First name:	Last name:
Group ID	Group name:	
Business number (BN)		
	Business name:	
Circulture information		
Signature information		
Check if signed by the legal re	presentative (power	of attorney, legal guardian or parent of a taxpayer under the age of 16).
	axpayer or legal repre	sentative
Certification		
By signing and dating this page, you	authorize the Canada	a Revenue Agency to interact with and/or cancel the representative(s) mentioned above.

		Year			Month	[Day	
	I	I	I		I		I	
Signature of taxpayer or legal representative		Date	ofs	sig	nature			-