

# Tax2Go Client Intake



**Instructions:** Please print and complete the following form and provide as much details as possible. Call (604) 435-0323 or (604) 428-9142 prior to coming into to drop-off your package.

Tax Year:  2021  2020  2019  2018  2017  2016  2015  2014  2013  2012 Adjustment Only

**SECTION A: Your information:** (please use legal names as it appears with the CRA only)

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Insurance Number (SIN) or (ITN): \_\_\_\_\_ Date of birth (dd-mm-yyyy): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Gender:  Male  Female  N/A Preferred Contact Method:  Phone  Email

Phone: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Your marital status on December 31<sup>st</sup> last year (**Note: separated less than 90 days is considered married or common-law for tax purposes**):  Single  Married  Common-Law  Widowed  Separated  Divorced

Did your marital status change within the last calendar year?  yes  no If yes, please specify date: \_\_\_\_\_

On December 31<sup>st</sup> of **last year**, did you and your spouse or common-law partner live in separate principal residences for medical reasons (includes: long term care) or a breakdown in your marriage or common-law relations for a period of 90 days or more.  yes  no

**SECTION B: Your spouse or common-law information (if applicable) -** If you are separated or divorced (i.e., more than 90 consecutive days) last year OR not filing together for whatever reason(s), you will need, at the minimum, to provide the following information for your (ex)spousal or (ex)common-law, including: their (estimated) Net Income, so that credits and benefits are properly calculated by the CRA.

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Insurance Number (SIN) or (ITN), if applicable: \_\_\_\_\_ Date of birth (dd-mm-yyyy): \_\_\_\_\_

Net Income (if not filing together): \$ _____  <i>(if you do not know, please overestimate rather than underestimate an amount; if it is foreign income, specify in Canadian dollars if possible, otherwise your home currency, type of currency and type of income (employment, scholarship, business, pension etc.))</i>	Post-Secondary Student: <input type="checkbox"/> yes <input type="checkbox"/> no  Disabled: <input type="checkbox"/> yes <input type="checkbox"/> no
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**SECTION C: Your dependants\* (if applicable) children (under 18 or post-secondary students living at home), parents, grandparents, etc. – living at the same address**

Last name	First name	Date of Birth (dd-mm-yyyy)	Social Insurance #	Relationship	Post-secondary Student	Disabled
					<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

\* You can attach a separate sheet of paper if you require additional space.

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## SECTION D: Additional Questions

Please refer to the checklist to see if you need to provide additional information if applicable.

		YOU	SPOUSE
1	Did you own or hold specified foreign property (rental, interest, and foreign dividends) where the total cost amount of all such property, at any time last year, was more than \$100,000 CDN?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
2	Did you sell your principal residence last year (if yes, see checklist for additional information)?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
3	Are you filing an income tax return with the CRA <b>for the first-time last year</b> ?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
4	Do you have Canadian citizenship? If YES, please answer question 5	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
5	Do you want to be on Elections Canada National Voter's List?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
6	Were you in prison (more than 90 days) last year?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
7	Do you reside on Nisga's Lands on December 31 <sup>st</sup> , 2021? If YES, please answer question 8	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
8	If yes (to above), are you a citizen of the Nisga's Nation?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
9	Are you a Status Indian under the Canadian Indian Act? You need to provide Indian Status #	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
10	Are you <b>paying</b> or <b>receiving</b> alimony (child support or spousal support)? If yes, refer to checklist	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
11	Are you a new resident of Canada last year? If yes, provide details – see checklist for reference	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
12	Are you an officer or servant of another country, such as diplomat?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
13	Did you receive any foreign (employment or pension) income last year? Further details needed	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
14	Were you required to work from home by your employer last year? Further details needed	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
15	Volunteer firefighter or search & rescue? (Minimum 200 hours of service per year required)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
16	Did you purchase supplies as an eligible educator? Please provide a total spend last year.	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
17	Are you a first-time home owner last year? (didn't previously own a home in the past 4 years)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
18	Is this return for a deceased person? See checklist for additional information to provide.	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
19	You grant us temporary permission to access your tax files at the CRA to download any missing pertinent tax information to complete your tax return? (Helpful but Optional)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
20	You authorize us to electronically file your return, if possible	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

**Additional Notes:** Use this section or separate sheet paper if you wish to elaborate on questions above as needed.

## Privacy, Confidentiality, and Data Retention Policy

All personal taxpayer information will not be retained as per tax clinic and Community Volunteer Income Tax Program (CVITP) protocols. Volunteers will destroy and purge all taxpayer information from their computers after the taxpayer's file is completed. Clients are required to pick up retain all paper or electronic copies of their returns for a period of 6 years as per Canada Revenue Agency document retention policy.

## Disclaimer

I ("the client") am fully aware that my income tax and benefit return is being prepared by a volunteer under the Community Volunteer Income Tax Program (CVITP) and that this volunteer is not acting as an agent of the Canada Revenue Agency.

I am aware that if the volunteer contacts me by phone, email, or video conferencing (Zoom) that these are not secured methods of communication.

I am responsible to ensure that all receipts, documents, and information provided is correct, truthful and complete.

X \_\_\_\_\_  
**Signature** **Date** **Signed at**

X \_\_\_\_\_  
**Signature (spouse or common-law if applicable)** **Date** **Signed at**