



INTAKE FORM

Send in with, or drop off with your paperwork

Welcome to Tax Pro Niagara, please fill out this form to the best of your ability!

CLIENT INFORMATION:

First Name: _____ Last Name: _____

Social Insurance Number(SIN): _____

Date of Birth: _____

Current Address: _____ City: _____

Province: _____ Postal Code: _____

Email Address: _____

Phone Number: _____ Is this a cell phone? _____

What was your Marital Status on Dec 31 of last year? _____ (Married, Common-law, Separated, Divorced, Single, Widowed)

Did your Marital Status change from previous year? _____

Do you claim the Disability Tax Credit? _____

Spouse/Common-Law Partner Information:

First Name: _____ Last Name: _____

Social Insurance Number(SIN): _____

Date of Birth: _____

Email Address: _____

Phone Number: _____ Is this a cell phone? _____

Does your spouse claim the Disability Tax Credit? _____

Are we filing your Spouse's/Common Law Partner's taxes? _____ If NO, Net Income: _____

Dependants Information:

Last Name:	First Name:	Date Of Birth:	Net Income:	Daycare Expenses:	Relationship:	College/ University Student?	Disabled?

- 1) Do you have Business Income? *(Please call 905-687-0124 to discuss requirements) _____
- 2) Are you currently in Bankruptcy Status? _____
- 3) Do you have Rental Income? *(Please call 905-687-0124 to discuss requirements) _____
- 4) Do you have Foreign Income, or Foreign Pension Income? _____
- 5) Did you BUY or SELL and properties in the year? _____
- 6) Are you claiming Employment Expenses? _____
- 7) Did you work from home? _____
- 8) Did you move to Canada last year? _____
- 9) Did you change provinces last year? _____
- 10) Did you move over 40km for a new job, school, or business? _____
 *(Please call 905-687-0124 to discuss requirements)

NEW CLIENTS	**NEW CLIENTS ONLY - A Picture of your Government Photo Identification is required to be submitted**			
	PHOTO ID TYPE: _____ (Driver's License, Passport, Health Card, etc)			
MEDICAL and CHARITABLE	MEDICAL EXPENSES TOTAL: \$ _____	CHARITABLE DONATIONS TOTAL: \$ _____	DO NOT submit the receipts, only FILL IN the TOTAL AMOUNT please.	
RENT or PROPERTY TAX	PROPERTY TAX TOTAL: \$ _____	** Only include 1 rent receipt per address.		
	# of Months: _____ Total Paid:\$ _____	# of Months: _____ Total Paid:\$ _____		
	LANDLORD NAME: _____	LANDLORD NAME: _____		
	ADDRESS: _____	ADDRESS: _____		
SCHOOL or COURSES	Did you pay interest on STUDENT LOANS? (Y/N): _____	**Can only claim this if you included the form from the National Student Loan Center Website		
	Were you in school or take any courses (Y/N): _____	**Can only claim this if you include a copy of your T2202		
RENTAL, DRIVING, SMALL BUSINESS	RENTAL INCOME (Y/N) _____	DRIVING INCOME (Y/N) _____	SMALL BUSINESS INCOME(Y/N) _____	
	**FOR THE ABOVE (rental, driving or small business income), you MUST include the spreadsheet(s) that pertain to your income with your breakdown of Income/Expenses - (Rental Income, Driving Income, Business Schedule).			
	**If you don't have a spreadsheet, please email taxproniagara@outlook.com and request one.			
	This is a REQUIREMENT unless other arrangements have been made.			
WORK FROM HOME	Are you claiming WORK FROM HOME expenses (Y/N)? _____			
	BASIC - How many days worked from home in 2020? _____			
	DETAILED - (Form T2200 Detailed Required) DO NOT include receipts, TOTALS BELOW ONLY:			
	HEAT: \$ _____	HYDRO: \$ _____	WATER: \$ _____	INTERNET: \$ _____
	CELL PHONE: \$ _____	PERCENTAGE OF CELL PHONE CLAIMED: _____ %		
	Square Footage of OFFICE SPACE: _____ SF	Square Footage of HOUSE: _____ SF		

DO NOT INCLUDE THE FOLLOWING IN YOUR DOCUMENT UPLOAD:
Paystubs, ROES, Last year's taxes or Notice of Assessments, Letters about GST/Trillium, or any Receipts unless requested by Tax Pro Niagara

NOTES: _____

