



OLAFSON & JONES

Personal Income Tax Information Sheet

New Client

Important : If possible, please provide a copy of your **Notice of Assessment** or **Personal Income Tax Return** from the prior year and, if applicable, the latest Instalment Payment Summary. We also require you to **sign a T1013 (Authorizing a Representative)**.

| |
|---|
| <p>ELECTRONIC DELIVERY? YES NO</p> <p>DATE SUBMITTED: _____</p> <p>How many returns are we preparing? _____ Year (s)? _____</p> |
|---|

Please fill out below:

Full Name: _____

Address: _____

Has your primary residence changed in 2020? YES NO

If yes, please provide your: date of move: _____

New address: _____

Sale price and year of purchase (if you owned previously) _____

Main phone number: _____ Type: _____

Secondary phone number: _____ Type: _____

Email: _____

Preferred method of contact (circle one): **Main phone number** **Secondary phone number** **Email**

Date of Birth: _____ Social Insurance Number (SIN) : _____

Are you a Canadian citizen? _____ If you answered no, please indicate country of citizenship _____

Marital Status: Single Common - Law Married Separated Divorced Widowed

Did your marital status change during the 2020 taxation year? Yes No

If yes, please indicate the change and date of change: _____

(continued...)



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If applicable

Spouse's Name: _____

Spouse's Date of Birth: _____ SIN: _____

If we are not preparing a return for your spouse or common — law partner, please provide the net income amount from his/her return : _____

If applicable Please list the full names, dates of birth and SINs of all children and / or dependents:

Are you self employed? Yes No

If yes - Do you use a home office for your business? Yes No

What is the area of home used for business (sq. feet): _____

What is the total area of the home (sq. feet): _____

- Are you registered to file G.S.T? Yes No

- Are we preparing a G.S.T. return for this taxation year? Yes No

- Have you provided us with the following slips? Please check all that apply:

_____ Hydro _____ Insurance _____ Maintenance _____ Mortgage Interest _____ Property Taxes

Have you provided us a copy of your Notice of Assessment or Personal Income Tax Return from the prior year? Yes No

Notes to preparer:

Please sign the CRA Authorizing a Representative form attached to this form

Authorization/Cancellation request – Signature page

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

Representative information

| | | |
|--|--|------------------|
| REP ID <input type="text"/> | First name : _____ | Last name: _____ |
| Group ID <input type="text"/> | Group name _____ | |
| Business number (BN) <input type="text" value="829399955"/> | Business name (BN) <input type="text" value="Olafson & Jones"/> | |

Taxpayer information

| | | |
|--------------------------|--------------------|------------------|
| SIN <input type="text"/> | First name : _____ | Last name: _____ |
|--------------------------|--------------------|------------------|

Authorization information

| | |
|-------------------------|--------------------------------------|
| Level of authorization: | <input type="text" value="Level 2"/> |
| Expiry date: | <input type="text"/> |

Cancellation information

Cancel **all** representatives

Cancel specific representative

| | | |
|--|-----------------------------|------------------|
| Rep ID <input type="text"/> | First name : _____ | Last name: _____ |
| Group ID <input type="text"/> | _____ | |
| Business number (BN) <input type="text"/> | Business name (BN) _____ | |

Signature information

Legal representative signature

Name of taxpayer or legal representative: _____

Certification

By signing and dating this page, you authorize the Canada Revenue Agency to interact with and/or cancel the representative(s) mentioned above.

Signature:

Signature of taxpayer or legal representative

Date: _____