



OLAFSON & JONES

Personal Income Tax Information Sheet for New Clients

Important: If possible, please provide a copy of your Notice of Assessment or priors year's Personal Income Tax Return and, if applicable, the latest Instalment Payment Summary.

FOR OFFICE USE ONLY: Electronic file: Saved in Client Files/iFirm Client Portal **DATE SUBMITTED:** _____

Please complete the below form, review the checklist to ensure all applicable slips have been provided and sign the attached Authorization Request.

HOW MANY RETURNS ARE WE PREPARING?: _____ TAX YEAR(S): _____

Client Information

FULL NAME: _____ Phone Number: _____

Email: _____

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

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

Current Home Address

Suite: _____ Number: _____ Street _____

City: _____ Province: _____ Postal Code: _____

Mailing Address (if different from home address)

Suite: _____ Number: _____ Street _____

City: _____ Province: _____ Postal Code: _____

Current Marital Status

Circle one: Single Common-Law Married Separated Divorced Widowed

1) Has your primary residence changed in 2024? YES NO

Date of move: _____ PREVIOUS Street Address _____

City: _____ Province: _____ Postal Code: _____

Are you a first-time Home Buyer? YES NO

If you owned previously: Sale price \$ _____ Original Year of purchase: _____

2) Did your martial status change in 2024? YES NO

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

3) If you are married or common-law and we are **NOT PREPARING** your partner's return, please complete their information below:

Full legal name: _____ SIN: _____

Date of Birth: _____ Taxable income for 2024: \$ _____



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Dependents: If applicable please list their full legal names, dates of birth and SINS of all children and/or dependents

4) At any time in 2024, did you hold foreign property with a value of over \$100,000? YES NO

Includes foreign investments or foreign income producing properties

5) Are you self-employed (NOT incorporated)? YES NO

6) If yes, are you registered to file G.S.T? YES NO Are we preparing a GST return for you? YES NO

If you answered yes, please provide your access code (if applicable) and business number

Business number: _____ Access code: _____

7) Did you work from home more than 50% of the time in 2024? If yes, please provide the following YES NO

Signed T2200 from your employer Electricity/heat _____
Square footage the office/area used for work purposes _____ Internet _____
Total square footage of home _____ Water _____
Rent _____
Maintenance (specific to the space) _____

If you are a commission employee, please also provide the following annual expenses

Property taxes _____ Home Insurance _____

HOW WOULD YOU LIKE TO RECEIVE THE CLIENT COPY OF YOUR TAX RETURN

I will sign and pick up in person (*Paper copy*) I will sign via **DocuSign** and receive an electronic copy

Please note that each client must have their own email address to sign via **DocuSign.**

Notes: _____



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Personal Income Tax Checklist

PERSONAL INCOME SLIPS

Please review the checklist below to ensure all applicable documents are submitted

T4 - All Statement of Income
T4A - Pension, Retirement, annuity and other income
T3 - Statement of Trust Income
T5 - Statement of Investment Income
T4AP - Statement of CPP Benefits
T4A(OAS),- Old Age Security Pension
T5008 - Statement of Securities Transactions
T5013 - Statement of Partnership Income
T5007 - Social Assistance Payment

T4RSP - Statement of RRSP Income
T4RIF - Statement of Income from a Registered Retirement Income Fund
T4E - Statement of Employment Insurance Benefits
T4AP - Statement of CPP Benefits
Any foreign income/pension
Rental Property Income, expenses, purchases & sales
Capital Gain/losses schedule
Other income _____

RECEIPTS & TAX CREDITS

Charitable donations
Child care expenses
Children's fitness programs
Medical expenses
Political contributions
Professional and/or Union dues
Investment Expenses (Interest, Fees, etc.)
Tool expenses (apprentice, mechanics and tradesperson)
Moving expenses must be greater than 40km Please provide all receipts and indicate distance moved and for what purpose
If you are claiming home office indicate: Area used for work purposes _____ Sq ft

Home Buyer's tax credit
Disability Tax Credit Certificate
Declaration of Conditions of Employment (Form T2200)
Custody Arrangement and Copy of Agreement/ Support Payments Documentation
Tuition and Enrolment Certificate (Form T2202/ T2202A)
Vehicle/Travel Logbooks and Expenses
If you are a teacher, indicate the amount spent on school supplies in the year \$_____
Rent *only one person per household can claim
Adoption expenses and receipts
Other _____

Notes: _____

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: _____
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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:
