New Client Registration Form*

***(One form per family)**

Accounting Impôts

Martin Paradis, CPA, CMA

You can count on us!   Vous pouvez compter sur nous!

Ottawa, Ontario, Canada
Telephone (613) 260-9641   Fax (613) 260-8892

CPA Chartered Professional Accountants Canada

Email : mp.cpa@accountingimpots.ca
Website : www.accountingimpots.ca

Client Name : ____________________ ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr.

Taxation Year(s) :

Social Insurance Number :

Date of birth :

Gender : ☐ Male ☐ Female

Marital Status (as at Dec. 31st) :

Current Address :

City, Province :   **Postal Code :**

Telephone Numbers

Home :   Work or Cellular :

Email address :

SPOUSE's Name: ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr.

S.I.N.:   Telephone :

Birthdate: Net income (Line #236):

Email address :

Dependant(s) information

Full Name :		
S.I.N. :		
Relationship :		
Date of Birth :		
Net income (Line #236):		

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Do you wish to have your Tax Return filed thru : ☐ E-file ☐ Regular mail

Authorization for efiler to represent taxpayer for this tax return:	☐ Yes	☐ No
First time filer in Canada?	☐ Yes	☐ No
Are you a Canadian Citizen?	☐ Yes	☐ No
Do you own over $100,000 of foreign property?	☐ Yes	☐ No
Are you set-up for Direct Deposit with CRA already?	☐ Yes	☐ No

Language of Preference : ☐ English ☐ French

Other relevant information :

Do you support a dependent, disabled or senior(over 65) person?	☐ Yes	☐ No
Have withdrawn funds from your RRSP for the HBP or LLP?	☐ Yes	☐ No
Have you purchased during the tax year your 1st home in the last 5 years?	☐ Yes	☐ No
Have paid tax instalments during the taxation year?	☐ Yes	☐ No

Ontario residents :

(Circle) **Rent** or **Property taxes** paid (Jan. 1st - Dec. 31st) : $ _______________ Paid to :

Quebec residents :

Were you covered by a Private Medical Insurance Plan? ☐ Yes ☐ No Premiums paid : $ _______________

Sole Proprietor, professionals and businesses :

Are you HST or QST registered? ☐ Yes ☐ No HST # : ____

1st document drop-off appointment time & date* : ____

Client signature : ______________________________________ Date : ____________________

THANK YOU FOR YOUR BUSINESS! MERCI DE NOUS FAIRE CONFIANCE!

****Very important - Please bring the following items :**

- ☐ - A copy of your **last income tax return** completed and filed.
- ☐ - Your last **Notice of Assessment** and any other government related documentation received.
- ☐ - All other relevant documentation necessary for the preparation of your income tax return (donations, medical, bus passes, mutual funds and stock sales, RRSP, T3, T4, T5, etc...).

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CHARTERED PROFESSIONAL ACCOUNTANTS CANADA

Personal Income Tax Return Checklist

CMA MEMBER

	Name		Spouse's Name

Slips and Documents

	Name	Slip	Spouse
Employement income	☐	T4	☐
Pension, annuity, other income	☐	T4A	☐
Old age security	☐	T4(OAS)	☐
Canada pension plan	☐	T4A(P)	☐
Employment insurance	☐	T4E	☐
Universal child care benefits	☐	RC62	☐
RRIF income	☐	T4RIF	☐
RRSP income	☐	T4RSPP	☐
Investment income	☐	T5	☐
Trust income	☐	T3	☐
Labour-sponsored funds	☐	T5006	☐
Social benefits	☐	T5007	☐
Securities transactions	☐	T5008	☐
Partnership income	☐	T5013	☐
Tuition and education receipts	☐	T2202A	☐
Disabiltiy Tax Credit Certificate	☐	T2201	☐
Employment expenses (from employer)	☐	T2200	☐

- (home, vehicle & business expenses). Vehicle log & employer HST # ________________ RT 0001

	Name		Spouse
Tool expenses (Tradesperson)	☐		☐
Income from sources outside of Canada	☐		☐

Receipts

	Name	Spouse
RRSP contributions	☐	☐
Union & professional dues	☐	☐
Charitable donations	☐	☐
Expenses for physical / cultural activities for children	☐	☐
Medical, prescription or dental expenses	☐	☐
Property taxes	☐	☐
Political contributions	☐	☐
Paid spousal or child support payments	☐	☐
Child care expenses	☐	☐
Interst on student loans	☐	☐
Moving expenses	☐	☐
Bus (transit) passes	☐	☐

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Other

Prior year's Notice of Assessment	☐		☐
All correspondence received from CRA	☐		☐
Income tax instalments paid - Statement	☐		☐
Any family members who are dependent on you?	☐		☐
Rental income and expenses	☐		☐
Business income and expenses	☐		☐
Are you HST registered?	☐	# ____________________ RT 0001	☐
Investment interest expense details	☐		☐
Investment transactions details	☐		☐
Any sales of stocks, real estate or mutual funds?	☐		☐
Purchased & owned first home in 5 years	☐		☐

* Cancellation policy: 24 hour notice is required for all appointments cancellation or rescheduling, otherwise a cancellation fee equivalent to 1 hour ($100) will be invoiced to the client.
* Preparation fees are based on complexity, number of slips submitted, emails and telephone calls, schedules used, tools & spreadsheets required by client, timeliness and quality of client files, documents & information submitted and time spent with client.
* Fees include a free 15 minute initial consultation & 10 minute final review consultation for new clients. An hourly rate of $100/hr or $135/hr, depending on the services required, will be applicable thereafter.
* Please make sure you have ALL your documents before making an appointment to submit your slips and other information. Hourly fees will be applicable for repetitive deliveries and visits.