

NEW OR RETURNING:	TAX YEAR(S)	TODAY'S DATE:
NAME:	BIRTHDATE:	SIN:
SPOUSE:	BIRTHDATE:	SIN:
FULL ADDRESS:		
PREFERRED METHOD OF CONTACT		
PHONE:	CELL:	EMAIL:
CLIENT ENGAGEMENT & REPRESENTATION:		Marital Status
Are you a Canadian Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you authorize the CRA to provide your name, address, and date of birth to Elections Canada for the National Register of Electors?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Disability Tax Credit certification?	<input type="checkbox"/>	<input type="checkbox"/>
Did you own foreign property, including bank accounts or investments at any time during the tax year with a total value in excess of C\$100,000?	<input type="checkbox"/>	<input type="checkbox"/>
Are you legally on title of a residential property that you do not occupy as your principal residence?	<input type="checkbox"/>	<input type="checkbox"/>
Are you on title of any property or bank/investment account on behalf of someone else?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your family rent a dwelling in 2023?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed		
Date of change:		
Did you Buy/Sell Real Estate in the tax year:		
<input type="checkbox"/> Principal Residence <input type="checkbox"/> Other *if other, please provide purchase/sale documents <input type="checkbox"/> Did you own the property less than 365 days? Address of sold Real Estate: Year of Acquisition: Sale Price: Ownership (%):		
Does any of the following apply to you: <input type="checkbox"/> Self-Employment Income <input type="checkbox"/> Rental Income <input type="checkbox"/> Are you a GST registrant? If so, GST #: <input type="checkbox"/> Short Term Rental Income <input type="checkbox"/> Farm Income <input type="checkbox"/> If so, are you compliant with all municipal and provincial regulations and licensing <input type="checkbox"/> Medical Related Travel Expenses		
DEPENDANT CHILDREN?		
Name	Son/Daughter	Birthdate
		SIN
		Disabilities Y/N
		Income Y/N
		If yes, Net Income
Do you have a Will and/or Power of Attorney? <input type="checkbox"/> Will <input type="checkbox"/> POA		
I herein engage ROBBINS & COMPANY to prepare my/our T1 Personal Returns based on the information above. My signature on the tax return and the T1013 Consent form will confirm that the terms, nature & scope of the engagement has been met, and further, that to the best of my knowledge I/we have provided all information necessary to prepare my/our tax return(s).		
Signature:		
FOR OFFICE USE ONLY		PREPARER:
		Previous Year \$:
	INITIAL	DATE
PREPARER NOTES:		
T1013 SIGNED		
IFIRM: Entered/Confirmed (DOB, DOD, Mailing Name, Job etc)		
ENTER INTO T1 SPREADSHEET		
PREPARED		
REVIEWED		
GST FILED (If applicable)		
PDF CREATED		
CONTACTED		
PRINTED/EMAILED		
PAID -- Invoice Total \$		
EFILED		
FINAL SCAN		
CONTACT/ADMIN NOTES:		