

TAX RETURN DELIVERY PREFERENCE: <input type="checkbox"/> ELECTRONIC OR <input type="checkbox"/> PAPER			
NEW OR RETURNING:		TAX YEAR(S):	TODAY'S DATE:
NAME:		BIRTHDATE:	SIN:
SPOUSE:		BIRTHDATE:	SIN:
FULL ADDRESS:			
PREFERRED METHOD OF CONTACT		EMAIL (Spouse):	
PHONE:	CELL:	EMAIL:	
CLIENT ENGAGEMENT & REPRESENTATION:		Yes	No
Are you a Canadian citizen?		<input type="checkbox"/>	<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 authorize the CRA to provide your name, mailing address and email address to BC Transplant so that BC Transplant may contact you or send you information about organ and tissue donation?		<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"/>
Were you or your family a tenant who rented a dwelling?		<input type="checkbox"/>	<input type="checkbox"/>
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? <input type="checkbox"/> Did you own the property less than 730 days?			
Address of sold Real Estate: Year of acquisition: Sale price: Ownership (%): Other owners name(s):			
Does any of the following apply to you:		<input type="checkbox"/> Rental Income <input type="checkbox"/> Short Term Rental Income <input type="checkbox"/> If so, are you compliant with all municipal and provincial regulations and licensing? <input type="checkbox"/> Are you a GST registrant? If so, GST #:	
<input type="checkbox"/> Self-Employment Income <input type="checkbox"/> Are you a GST registrant? If so, GST #: <input type="checkbox"/> Farm Income <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 – Name of Executor(s):		<input type="checkbox"/> POA – Name of POA(s):	
Does your spouse have a Will and/or Power of Attorney?			
<input type="checkbox"/> Will – Name of Executor(s):		<input type="checkbox"/> POA – Name of POA(s):	
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	<i>PREPARER NOTES:</i>
ENTER INTO T1 SPREADSHEET			
PREPARED BY			
REVIEWED BY			
GST FILED (If applicable)			
CONTACTED			
PAID – Invoice Total \$			
EFILED			
CONTACT/ADMIN NOTES:			