



Intake Date: _____

New Client? Yes / No

Name: _____

Marital Status: (Please circle the applicable)

SIN Number: _____

Married

Living Common-Law

Widowed

Date of Birth: _____

Divorced

Separated

Single

Spouses Name: _____

Date of Change: _____

Date of Birth: _____

SIN Number: _____

Current Mailing Address:	Phone Number:
Email Address:	2nd Phone Number:

Mandatory Questions: (Please circle the applicable)

Are you a Canadian Citizen? Yes / No

Provide information to Elections Canada? Yes / No

Would you like your Notice of Assessment Emailed to you? Yes / No

Do you have your last years Notice of Assessment with you? Yes / No

Do you have a Home Buyers' Plan Repayment? Yes / No

Did you sell a house or any properties in the last year? Yes / No

Are you self-employed? Yes / No

Are You or Your Spouses claiming zero income? Yes / No

Are you claiming Disability (If yes, have you submitted a T2201 Form?) Yes / No

Do you have any dependants? (If yes, please fill out below) Yes / No

Last Name	First Name	Date of Birth	SIN NUMBER
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Last Name	First Name	Date of Birth	SIN NUMBER
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I hereby Authorize Kentax Services to complete my Tax Return and to access my personal Income Tax information directly from the Canada Revenue Agency. I am authorized to sign on behalf of the above named taxpayer(s), and hereby agree to the statement above:

Signature: