



TaxTeam

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2020 NEW CLIENT EXPRESS QUESTIONNAIRE

1. SIN number _____ Did your name change in the tax year? No Yes
 First Name Mr Mrs Ms Miss _____ Last Name _____ Birth Date (YYYY / MM / DD) _____
 Do you have a disability? No Yes _____ Last Year of Eligibility: _____
 Address _____ City _____ Prov _____ PC _____
 Phone: Home) _____ Cell) _____ E-mail _____
 Would you like to receive a Text Message when your taxes are completed? No Yes
2. Were you a first time home buyer in the tax year? No Yes Date of Possession: _____
3. Did you sell any property in 2020 (including your house) or change it to a business or rental property?
 No Yes If yes; Address _____ Year Acquired _____ Sale Value _____
4. What was your province of residence at December 31st of the tax year? _____
5. Did you move from another province in Canada in 2020 or 2021? No Yes Date: _____
6. What was your marital status at December 31st of the tax year?
 Married Common-Law Widowed Divorced Separated Single (never been married)
 *If your marital status changed during the tax year, record the date of change: Year/Month/Day _____
 *If married or C/L, would you like to split any eligible pension(s) with your spouse to maximize tax savings? No Yes
7. If you are married or common-law and TaxTeam is not filing the tax return for your spouse, please ensure we have the following information regarding your spouse:

| SIN | First Name | Last Name | Birth Date | Net Income (Line 23600 of tax return) |
|--|------------|-----------|------------|---------------------------------------|
| Who is claiming the Climate Action Incentive "Carbon Tax Rebate" <input type="checkbox"/> I am claiming <input type="checkbox"/> My spouse will be claiming it | | | | |
| Is your Spouse Disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes; Last year of Eligibility: _____ | | | | |

8. **Changes in Tax Year**
 If you answer "Yes" to any of these questions, please record the date it occurred: Year/Month/Day
 Did the taxpayer die in the tax year? No Yes _____
 Did you declare bankruptcy in the tax year? No Yes _____
 Did you move to/out of Canada in the tax year? No Yes _____
9. **Are you a Canadian Citizen?** No Yes If "yes":
 As a Canadian Citizen, do you authorize the Canada Revenue Agency to give your name, address, and date of birth and citizenship to Elections Canada for the National Register of Electors? No Yes
10. Were you confined to prison or a like institution for a period of 90 days or more in the tax year? No Yes
11. **Do you have dependants?** No Yes Please list any children you claim below (attach another page if needed)

| Gender | 1) <input type="checkbox"/> Boy <input type="checkbox"/> Girl | 2) <input type="checkbox"/> Boy <input type="checkbox"/> Girl | 3) <input type="checkbox"/> Boy <input type="checkbox"/> Girl | 4) <input type="checkbox"/> Boy <input type="checkbox"/> Girl |
|------------------------|---|---|---|---|
| Full Name | | | | |
| SIN | | | | |
| Birth Date | | | | |
| Net Income | | | | |
| Disability? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Custody? (Shared/Sole) | (if shared: _____%) | (if shared: _____%) | (if shared: _____%) | (if shared: _____%) |

12. Did you pay or receive any support payments? Child Spousal Amount \$ _____ Paid Received
13. Do you own or rent your home? Own Rent 14. Do you want to start/change Direct Deposit with CRA No Yes
15. Did you receive any CERB, CRB or other personal COVID subsidy payments in 2020? No Yes
16. Did you have a HOME OFFICE during COVID-19? No Yes Complete the top of "what to bring" document
17. Did you sign the bottom of the Authorization request page (T1013) and include it with your forms? No Yes (Required)
18. How did you find us? _____ Who prepared your last tax return? _____
19. Additional Information? _____

2020

Tax Year

Taxpayer Signature

Date

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.

Authorization electronic filing status Eligible

If you want to transmit another Authorization, under **Index/Information**, change the Authorization status to "Eligible." Note that in the case of a conditional acceptance, you do not have to submit the form again to be able to lift the condition.

Representative information

| | | |
|--|--|------------------------------------|
| RepID <input type="text"/> | First name: <input type="text"/> | Last name: <input type="text"/> |
| GroupID <input type="text"/> | Group name: <input type="text"/> | |
| Business number (BN) <input type="text" value="868456153"/> | Business name: <input type="text" value="TaxTeam"/> | |

Taxpayer information

| | | |
|--------------|----------------------|---------------------|
| SIN _____ | First name: _____ | Last name: _____ |
|--------------|----------------------|---------------------|

Authorization information

Level of authorization:
Expiry date: _____

Cancellation information

Cancel **all** representatives

Cancel specific representative

| | | |
|-------------------------------|-------------------------|---------------------|
| RepID _____ | First name: _____ | Last name: _____ |
| GroupID _____ | | |
| Business number (BN) _____ | Business name: _____ | |

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: _____

Date: _____