



# 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 31<sup>st</sup> 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 31<sup>st</sup> 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: _____
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### 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: \_\_\_\_\_