Amir Accounting

CLIENT INTAKE FORM

Instructions

Please complete all sections of the intake form carefully to ensure your tax return is prepared accurately.

- **Self-Employed Clients:** Once your intake form is submitted, you will receive an additional business income and expenses form by email. This form is required for us to complete your return.
- **Clients with Rental Income:** After submitting your intake form, you will also receive a separate rental income and expenses form by email. This form must be completed before we can finalize your return.

If you have any concerns, comments, or additional details to share, please use the Additional Information section at the end of the form. Double-check all information for accuracy before submitting. Not all sections will apply to every client, but please review the form thoroughly to ensure completeness.
Our office will contact you to obtain your supporting documents, or you may choose to send them virtually.
If you have any questions while completing the form, please contact us.

Client's Information:

Tax Year:_____

Full Name: _____SIN: _____ Marital Status: _____

Date of Birth: (YYYYMMDD) _____Gender: Female / Male (circle)

Address:_____ City: _____ Province: _____ Postal: _____

E-mail:_____Phone: _____

Spouse/Common-law's Information (If Applicable):

Full Name: _____SIN: _____ Marital Status: _____

Date of Birth: (YYYYMMDD) _____Gender: Female / Male (circle)

Address:_____ City: _____ Province: _____ Postal: _____

E-mail:_____Phone: _____

Spouse or Common-Law Partners net income if tax return is not prepared by Amir Accounting: $_____

Dependants (If Applicable):

Full Name: _____ Date of Birth: (YYYYMMDD)_____SIN:_____

Full Name: _____ Date of Birth: (YYYYMMDD)_____SIN:_____

Full Name: _____ Date of Birth: (YYYYMMDD)_____SIN:_____

Additional Information:

_____

_____

_____

Additional Questions:

Please read through the questions carefully.

Y	N	
☐	☐	Do you have your Notice of Assessment from your last year of filing?
☐	☐	Do you have online access to your CRA Account?
☐	☐	Are you a Canadian Citizen?
☐	☐	Do you authorize CRA to share your information with Elections Canada?
☐	☐	Do you authorize the CRA to share your full name, email address and postal code to BC transplant for the purpose of being contacted by email about organ & tissue donation?
☐	☐	Did your marital status change in the applicable tax year? If so, when: _____
☐	☐	Do you own or hold specified foreign property where the total cost amount of all such property was more than $100,000 CAD?
☐	☐	Did you move in the applicable tax year? If so, when: _____
☐	☐	Did you own interest in a foreign affiliate at any time in the applicable tax year?
☐	☐	Did you dispose of a principal residence in the applicable tax year?
		If you sold your principal residence in the tax year, please complete the following: Address of the property: _____ Year of acquisition: _____ Sale Price: _____ Was it your principal residence the entire time? (e.g. rental unit): _____ Is the property jointly owned with spouse/other? ☐ No ☐ Yes – If yes, split %: _____
☐	☐	Did you pay rent for a rental unit in British Columbia for 6 one-month periods? (You may eligible for BC renter's tax credit) If yes, please complete the following: Rental address_____ total rent paid _____ number of months of tenancy _____ name of landlord or company payment was made to _____
☐	☐	Did you dispose of a housing unit this year? (including a rental property, or rights to purchase a property)
☐	☐	Did you open a FHSA Account in the applicable tax year?
☐	☐	Did you make a contribution to this account?

Consent and Agreement:

By providing your tax information, you authorize Amir Accounting to prepare and file your T1 Personal Income Tax Return for the applicable tax year. You certify that the information provided is complete and accurate to the best of your knowledge, and understand that you, the taxpayer, are ultimately responsible for the contents of the return. You acknowledge that services are provided based on the data you submit and that no audit or verification of information will be conducted.

Client Signature: _____ Date: _____

Spouse's Signature (if applicable): _____ Date: _____