

PERSONAL TAX INFORMATION REQUEST FORM

The Institute of Chartered Accountants of Alberta recommends this checklist be completed every year prior to commencing the preparation of your tax return. Please complete and return to my office with your tax information. If you own a business, have rental properties, claim employment expenses or have moved during the year. Please complete the appropriate checklist, which can be downloaded from my website at www.melaniegsy.ca. Call if you have any questions, I am here to help.

Personal information the same as prior year (If yes, fill in your name and go to the questions marked with an asterisk)	YES NO (please circle)
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PERSONAL INFORMATION

Mr/Mrs/Miss/Ms/Dr (Please circle one)

Tax year: 2013

First Name: _____

Email: _____

Last Name: _____

Date of birth: _____

Address: _____

Home Phone: _____

City: _____

Alt Phone: _____

Postal Code: _____

S.I.N.: _____

Province of residence at December 31 _____

Do you have Canadian Citizenship? NO or YES

Do you have foreign citizenship? NO or YES → If YES, which country? _____

Became or ceased to be a resident of
Canada during the year? NO or YES → If YES, what date? _____

Marital status on December 31
(Please circle one)

Married	Widowed	Common-law
Single	Separated	Divorced

SPOUSE (including common-law)

Spouse's name Mr/Mrs/Miss/Ms/Dr (Please circle one) _____

Date of birth (dd/mm/yy) _____ S.I.N. _____

Net income (line 236)* _____

Did your marital status changed during the year NO or YES → If YES, what date? _____

* Provide net income details, only if I am not preparing their tax return

DEPENDANTS (children and others dependant on you for financial support)

<u>Name</u>	<u>Relationship</u>	<u>Birthdate (dd/mm/yy)</u>	<u>S.I.N.</u>	<u>Net income (line 236)*</u>

* Provide net income details, only if I am not preparing their tax return

Do you pay or receive any taxable child support payments?

\$_____ per month Receive or pay? (Please circle one)

If you pay:

Recipient's name: _____ S.I.N. _____

Do you pay any child care expenses?

Child Care Giver's name: _____ S.I.N. _____

Address: _____

Please provide appropriate receipts for the child care expenses

Anyone permanently disabled? NO or YES → If YES, who? _____

Has T2201 (Disability Tax Credit Certificate) been filed? NO or YES → If YES, please provide a copy for my records.

Additional Information (anything else you feel is relevant to your prepare your return):

Please answer the following questions every year:

Did you move during the year? NO or YES → If YES, go back to page 1 to update your address

Did you pay **personal tax installments** to CRA this year? NO or YES → If YES, how much \$ _____
(or provide the CRA statement of account)

Do you authorize Revenue Canada to provide your name, address and date of birth to Elections Canada for the purpose of updating the National Register of Electors? NO or YES

Did you own foreign property at any time during the year with a cost in excess of \$100,000 (CDN)? NO or YES

* The information provided above is complete and accurate.

Print name: _____ Signature: _____ Date: _____

Melanie Gesy Professional Corporation is not responsible for missing or inaccurate information