



Intake Date: _____

New Client? Yes / No

Marital Status: (Please circle the applicable)

Married Living Common-Law Widowed

Divorced Separated Single

Did your Marital Status change in 2024? YES / NO

If yes, the date of change: _____

Phone Number: _____

2nd Phone Number: _____

Email: _____

Name: _____

SIN Number: _____

Date of Birth: _____

Spouses Name: _____

Spouses SIN Number: _____

Spouses Date of Birth: _____

Current Mailing Address (Street, City, Province, Postal Code):

Mandatory Questions: (Please circle the applicable)

Are you a Canadian Citizen?	Yes / No
Do you Authorize the CRA to provide information to Elections Canada?	Yes / No
Do you Authorize the CRA to share your full name, email, & postal code to BC Transplant for the purpose of being contacted by email about organ & tissue donation?	Yes / No
Would you like your Notice of Assessment Emailed to you (Register for online mail via CRA My Account)?	Yes / No
Did you sell a house or any properties in the 2024 year?	Yes / No
Did you own specified foreign property at any time in 2024 with a total cost of more than CAN\$100,000?	Yes / No
Did you own an interest in a foreign affiliate at any time in 2024?	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

Last Name First Name Date of Birth SIN NUMBER

NOTES:

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:
