



New Client Registration Form*

*(One form per family)



CPA

CHARTERED
PROFESSIONAL
ACCOUNTANTS
CANADA

Martin Paradis, CPA, CMA

You can count on us! Vous pouvez compter sur nous!

Ottawa, Ontario, Canada

Telephone (613) 260-9641 Fax (613) 260-8892

Email : mp.cpa@accountingimpots.ca

Website : www.accountingimpots.ca

Client Name : _____

☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr.

Taxation Year(s) :

Social Insurance Number :

Date of birth :

Gender : ☐ Male ☐ Female

Marital Status (as at Dec. 31st) :

Current Address :

City, Province : **Postal Code :**

Telephone Numbers

Home : **Work or Cellular :**

Email address :

SPOUSE's Name: ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr.

S.I.N.:

Telephone :

Birthdate:

Net income (Line #236 only if filing separately):

Email address :

Dependant(s) information

Full Name :

S.I.N. :

Relationship :

Date of Birth :

Net income (Line #236):



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Do you wish to have your Tax Return filed thru :			<input type="checkbox"/> E-file	<input type="checkbox"/> Regular mail
Authorization for efiler to represent taxpayer for this tax return:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
First time filer in Canada?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Canadian Citizen?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own over \$100,000 of foreign property?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you set-up for Direct Deposit with CRA already?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Language of Preference :				
			<input type="checkbox"/> English	<input type="checkbox"/> French
Other relevant information :				
Do you support a dependent, disabled or senior(over 65) person?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have withdrawn funds from your RRSP for the HBP or LLP?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you sold a residential or rental property in the last fiscal year?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you purchased during the tax year your 1st home in the last 5 years?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have paid tax instalments during the taxation year?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ontario residents :				
(Circle) Rent or Property taxes paid (Jan. 1st - Dec. 31st) : \$ _____ Paid to :				
Quebec residents :				
Were you covered by a Private Medical Insurance Plan?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Premiums paid :			\$ _____	
Sole Proprietor, professionals and businesses :				
Are you HST or QST registered?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
HST # :			_____	

1st document drop-off appointment time & date* : _____

Client signature : _____

Date : _____

THANK YOU FOR YOUR BUSINESS! MERCI DE NOUS FAIRE CONFIANCE!

****Very important - Please bring the following items :**

- ☐ - A copy of your last income tax return completed and filed.
- ☐ - Your last Notice of Assessment and any other government related documentation received.
- ☐ - All other relevant documentation necessary for the preparation of your income tax return (donations, medical, bus passes, mutual funds and stock sales, RRSP, T3, T4, T5, etc...).



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Personal Income Tax Return Checklist



Name

Spouse's Name

Slips and Documents

Employment income	<input type="checkbox"/>	T4	<input type="checkbox"/>
Pension, annuity, other income	<input type="checkbox"/>	T4A	<input type="checkbox"/>
Old age security	<input type="checkbox"/>	T4(OAS)	<input type="checkbox"/>
Canada pension plan	<input type="checkbox"/>	T4A(P)	<input type="checkbox"/>
Employment insurance	<input type="checkbox"/>	T4E	<input type="checkbox"/>
Universal child care benefits	<input type="checkbox"/>	RC62	<input type="checkbox"/>
RRIF income	<input type="checkbox"/>	T4RIF	<input type="checkbox"/>
RRSP income	<input type="checkbox"/>	T4RSP	<input type="checkbox"/>
Investment income	<input type="checkbox"/>	T5	<input type="checkbox"/>
Trust income	<input type="checkbox"/>	T3	<input type="checkbox"/>
Labour-sponsored funds	<input type="checkbox"/>	T5006	<input type="checkbox"/>
Social benefits	<input type="checkbox"/>	T5007	<input type="checkbox"/>
Securities transactions	<input type="checkbox"/>	T5008	<input type="checkbox"/>
Partnership income	<input type="checkbox"/>	T5013	<input type="checkbox"/>
Tuition and education receipts	<input type="checkbox"/>	T2202A	<input type="checkbox"/>
Disability Tax Credit Certificate	<input type="checkbox"/>	T2201	<input type="checkbox"/>
Employment expenses (from employer)	<input type="checkbox"/>	T2200	<input type="checkbox"/>
- (home, vehicle & business expenses). Vehicle log & employer HST # _____		RT 0001	
Tool expenses (Tradesperson)	<input type="checkbox"/>		<input type="checkbox"/>
Income from sources outside of Canada	<input type="checkbox"/>		<input type="checkbox"/>

Receipts

RRSP contributions	<input type="checkbox"/>	<input type="checkbox"/>
Union & professional dues	<input type="checkbox"/>	<input type="checkbox"/>
Charitable donations	<input type="checkbox"/>	<input type="checkbox"/>
Expenses for physical / cultural activities for children	<input type="checkbox"/>	<input type="checkbox"/>
Medical, prescription or dental expenses	<input type="checkbox"/>	<input type="checkbox"/>
Property taxes	<input type="checkbox"/>	<input type="checkbox"/>
Political contributions	<input type="checkbox"/>	<input type="checkbox"/>
Paid spousal or child support payments	<input type="checkbox"/>	<input type="checkbox"/>
Child care expenses	<input type="checkbox"/>	<input type="checkbox"/>
Interest on student loans	<input type="checkbox"/>	<input type="checkbox"/>
Moving expenses	<input type="checkbox"/>	<input type="checkbox"/>
Bus (transit) passes	<input type="checkbox"/>	<input type="checkbox"/>



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Other

Prior year's Notice of Assessment	<input type="checkbox"/>	<input type="checkbox"/>
All correspondence received from CRA	<input type="checkbox"/>	<input type="checkbox"/>
Income tax instalments paid - Statement	<input type="checkbox"/>	<input type="checkbox"/>
Any family members who are dependent on you?	<input type="checkbox"/>	<input type="checkbox"/>
Rental income and expenses	<input type="checkbox"/>	<input type="checkbox"/>
Business income and expenses	<input type="checkbox"/>	<input type="checkbox"/>
Are you HST registered?	<input type="checkbox"/>	# _____ RT 0001
Investment interest expense details	<input type="checkbox"/>	<input type="checkbox"/>
Investment transactions details	<input type="checkbox"/>	<input type="checkbox"/>
Any sales of stocks, real estate or mutual funds?	<input type="checkbox"/>	<input type="checkbox"/>
Purchased & owned first home in 5 years	<input type="checkbox"/>	<input type="checkbox"/>

* Cancellation policy: 24 hour notice is required for all appointments cancellation or rescheduling, otherwise a cancellation fee equivalent to 1 hour (\$125) will be invoiced to the client.

* Preparation fees are based on complexity, number of slips submitted, emails and telephone calls, schedules used, tools & spreadsheets required by client, timeliness and quality of client files, documents & information submitted and time spent with client.

* Fees include a free 15 minute initial consultation & 10 minute final review consultation for new clients. An hourly rate of \$125/hr or \$150/hr, depending on the services required, will be applicable thereafter.

* Please make sure you have ALL your documents before making an appointment to submit your slips and other information. Hourly fees will be applicable for repetitive deliveries and visits.