

Custom Bookkeeping & Tax Services

306-584-9090

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Please fill out the following form in as much detail as possible. If you have any questions while completing the form, please give us a call.

Once your return is ready, we will call and notify you of the next steps.

Client Information:

First Name: _____ Initial: ____ Last Name: _____

Social Insurance Number (SIN): _____ Date of Birth ____dd ____mm ____yyyy

Address: _____, City _____

Province: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

Marital Status on Dec 31, 2019: __single __married __common-law __widowed __separated __divorced

Spouse or Common-Law partner information: (if applicable)

First Name: _____ Last Name: _____ Date of Birth: ____dd ____mm ____yyyy

Net Income: _____ Post-secondary student: __yes __no Disabled: __yes __no

Dependents: If applicable) Children, parents, grandparents etc. living at the same address

| Last Name | First Name | Date of Birth: ddmmyyyy | Net Income | Relationship | Post-secondary Student | Disabled |
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Are you a Canadian Citizen or permanent resident? ____Yes or ____No

Do you have an incorporated business? ____Yes or ____No

Are you Self-employed? ____Yes or ____No

Are you currently in bankruptcy? ____Yes or ____No

Do you have any RRSP's, investments, own any rental properties, sell your principal residence last year? ____Yes or ____No

Are you claiming employment expenses (did your employer reimburse you for office or vehicle expenses)? ____Yes or ____No

Did you switch provinces or move to Canada last year? ____Yes or ____No

Any other information: _____