## **CLIENT INTAKE FORM**

At Rose Tax & Accounting Service we strive to provide our clients with the best and most comprehensive return as possible. Please complete this form to ensure that we have everything we need.

<b>Appointments:</b> You will be notified minute appointment to go over the i	I when your return is ready to be reviewed. We highly recommend a 20-results of your return.				
ould like my appointment to be: $\Box$ In Office $\Box$ By Phone $\Box$ By Video $\Box$ Only View & Sign electronically					
	uments you provide will be scanned into the TaxDome client portal for all documents will be shred following guidelines under the Public Services ract Security Program.				
☐ Please shred my documents once	scanned into my client portal in TaxDome.				
☐ Please return all documents to me provided, they will be shred as abov	e. I understand that if they are not picked up within 90 days from the date ${ m re}$ .				
CLIENT INFORMATION					
Name:	DATE OF BIRTH/ (yyyy/mm/dd) SIN:				
Current Address:					
Phone Number:	Email Address:				
behalf of other individuals must	Connected family members, if applicable. Any information provided on the bedone so in accordance with PIPA.  DATE OF BIRTH//(yyyy/mm/dd) SIN:				
Name:	DATE OF BIRTH//(yyyy/mm/dd) SIN:				
Please complete:					
<ul><li>Did you move in 2023? Yes [</li><li>2023 Address:</li></ul>	□ No □				
<ul> <li>Did you have a change in ma</li> </ul>	arital status? Yes □ No □				
•	nmon-Law  Widowed  Divorced  Separated  Single  Separated  Markh				
	s change - Month Day ew baby? Changes to custody? Are you currently, or were you a caregiver?				
•	bers who are not living with you.				
•	Remove Dependant □ Add Caregiver credit □ Remove Caregiver Credit				
Do you, or a family member	have a Disability Tax Credit on file? No $\square$ Yes $\square$ If yes, who with?				
Do you own any foreign real					
2023? ☐ Yes ☐ No  • Did you sell a property in 202	estate or investments that were worth more than \$100,000 at any time in				

## INCOME

	Income from employment, Pension, or other source Investment income – Please supply the full packag Foreign Income from Employment, Pension, Invest Spousal or Child Support Received	ge from the	your investment company. or other sources expense sheet.
DEDU	CTIONS		
	RRSP's First Home Saving Account (FHSA) Union Dues or Professional Fees Spousal or Child Support Paid  Child Support Paid  Spousal Support Paid  Is your agreement registered with CRA? Ye Employment Expenses  T2200 – must be completed & signed by you  Travel logs are required to claim auto expension Investment or Financial Management Fees Moving expenses if more than 40km for school or Inchildcare expenses	es   No  No  our emplour emplonses. Pl	loyer is required to claim any expense. oyer is required to claim any expense. ease complete the Auto expense work sheet.
CRED	ITS		
	<ul> <li>Medical expenses</li> <li>Charitable or Political Donations</li> <li>Rent or Property tax</li> <li>Tuition or tuition transfer</li> <li>Student loan interest</li> <li>First time home buyer</li> </ul>		Home accessibility Adoption expenses Volunteer firefighter or Search & Rescue volunteer Digital news subscription
tov ser no ob bre	Rose Tax Service we have a zero-tolerance policy forwards any member of our team. We work in a mutual vice that is fair, equal, and non-discriminatory. We state that is fair, equal, and non-discriminatory. We state that is fair, equal, and non-discriminatory. We state that withholding pertinent information to creating an additional displayment of these policies can result in termination from a gree to the terms of these policies.	ally respect of courate of this praction of the courage of the cou	pectful environment and try to provide our clients to be forthright and truthful, and valid return. Be advised that we are dicated during any communication. A