



245-550 6th Street  
New Westminster,  
British Columbia,  
Canada, V3L 3B7

Telephone 604 540-4526  
Fax 604 520-0434

E-mail: [sfc@crowncoinc.com](mailto:sfc@crowncoinc.com)

**Client Information Checklist**

Social Insurance Number: \_\_\_\_\_  
 Full Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

	Yes	No
Are you a Canadian citizen?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like us to provide your information to Elections Canada?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own foreign property valued at more than \$100,000?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a GST/HST registrant?	<input type="checkbox"/>	<input type="checkbox"/>

Marital status:     
  Single     
  Married     
  Seperated     
  Widowed     
  Common Law     
  Divorced

**Dependant Information:**

Full Name:	Sex	Birth date	Social Insurance Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Income:**

Please indicate if you receive any of the following source of income:	Yes	No
Employment (T4, T4A, T4RSP, T4E)	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Benefits (T4OAS, T4AP T4RIF)	<input type="checkbox"/>	<input type="checkbox"/>
Universal Child Care Benefit (RC62)	<input type="checkbox"/>	<input type="checkbox"/>
Personal Business Income	<input type="checkbox"/>	<input type="checkbox"/>
Corporate Income	<input type="checkbox"/>	<input type="checkbox"/>
T5 and T3 (Interest on Investments)	<input type="checkbox"/>	<input type="checkbox"/>
T5008 (Stock Investments)	<input type="checkbox"/>	<input type="checkbox"/>
Rental Income	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Income	<input type="checkbox"/>	<input type="checkbox"/>
Home Buyers Plan	<input type="checkbox"/>	<input type="checkbox"/>
Lifelong Learning Plan	<input type="checkbox"/>	<input type="checkbox"/>
Support Payments	<input type="checkbox"/>	<input type="checkbox"/>
Capital Gains	<input type="checkbox"/>	<input type="checkbox"/>



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**Sources of Deduction:**

Please indicate if you have any of the following expenses:

- Business Expenses
- Child Care
- RRSP
- T2202A (Tuition and Education)
- T2200 Employment Expenses
- Transit Passes
- Interest on Student Loans
- Charitable Donations
- Professional and/or Union Dues
- Support Payments
- Medical and Dental
- Tax Installment Payments
- Child Fitness

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Please provide us with a copy of your previous years tax return if it was not prepared by us**