Choquette & Company Accounting Group Inc.
Personal Tax Information
This form must be submitted with all tax returns

Welcome to the Choquette & Company Accounting Group Inc. client information form. This form is meant to help you put together your tax information for either submission to our office by fax, smartphone or for our onsite tax appointment.

Please complete all applicable area's and use the checklist on the bottom of page 2 prior to submission to our office. Please note our office will contact your prior to processing your credit card with the results of the return and to confirm the applicable fee. Please note that you will also be required to sign and return the T183 E-File consent form to our office upon receipt.

Tax Year ____ E-mail ____

Mr/Ms ____ Social Insurance Number ____

First Name ____ Last Name ____

Address ____

City ____ Prov BC

Postal Code ____ Date of Birth (yyyy-mm-dd) ____

Main Phone ____ Alt Phone ____

Marital Status Dec 31st ____ Date of Marital Change ____

Disability Tax Credit ☐ Yes

Are you on ☐ Facebook ☐ Linked In ☐ Google+

Additional Info ____

Spouse Information

E-mail

Are you on

- [ ] Facebook
- [ ] Linked In
- [ ] Google+

Social Ins No

First Name

Last Name

Address

City

Prov

Postal Code

Date of Birth

Main Phone

Alt Phone

Dependents

Dependents include any dependent that live and relies on your care giving including children, parents or grandparents etc. Include any T4, T5 or any other slips

First Name 1

Last Name 1

Date of Birth 1

Social Ins # 1

Net Income 1

Disability Tax Credit 1 [ ] Yes

First Name 2

Last Name 2

Date of Birth 2

Social Ins # 2

Net Income 2

Disability Tax Credit 2 [ ] Yes

First Name 3

Last Name 3

Date of Birth 3

Social Ins # 3

Net Income 3

Disability Tax Credit 3 [ ] Yes

If you have additional dependents please provide the above fields of information for each additional on a separate attached piece of paper.

Income Sources - Attach include the associated slips or provide the information

Income

- ☐ Employment Income (attach T4, T4A slips or details)
- ☐ Pension Income (attach T4AP, T4OAS, T4A, T4RIF slips or details)
- ☐ RRSP withdrawn (attach T4RSP slips or details)
- ☐ Investment Income (attach T3, T5, T600 slips or details)
- ☐ Capital gains/losses (detail of gains or losses) *
- ☐ Rental income/loss (Detailed revenue and expenses by property) *
- ☐ Self employment income/loss (Detailed revenue and expenses) *
- ☐ Farming income/loss (Detailed revenue and expenses) *
- ☐ Fishing income/loss (Detailed revenue and expenses) *
- ☐ Limited partnership income/loss (attach T5018 or details)
- ☐ WCB Income (attach T5008 or details)
- ☐ Foreign income (attach details in foreign currency)
- ☐ Alimony/child support received Amount ________
- ☐ Other Income Desc/Amount ________

* Contact our office for specialized forms

Additional Info

Deductions and Tax Credits - Attach slips and/or include amounts

- ☐ RRSP Contributions (attach RRSP slips)
- ☐ Professional and Union dues (not on T4). Amount ______
- ☐ Charitable Donations (attach receipts) Amount ______
- ☐ Medical expenses within year. Amount ______
- ☐ Repayment of EI Benefits (attach T4E slips)
- ☐ Child care expenses. Amount ______
- ☐ Education expenses (attach T2202 slips or note online school login below)
- ☐ Moving expenses *
- ☐ Employment expenses (expense details & T2200) *
- ☐ Alimony and/or Tax Deductible Child support paid. Amount ______
- ☐ Interest/Investment carrying charges.(provide details)
- ☐ Disability deduction (attach Form T2201 and mark disability above Page 1-2)
- ☐ Provincial Tax Credit (Red Seal or other credits include details)
- ☐ Losses during the year. (attach details)

* Contact our office for specialized forms which are available

Other Info

Additional Tax Info

☐ T1 Personal tax installments paid in tax year. Amount ______

☐ Losses from previous years. (attach details).

☐ Prior reassessments. (Attach reassessment notices).

☐ Prior T1 Refund interest Amount ______

Additional Info

Please go through the checklist a second time to make sure it is as complete as possible. The more information you provide allows your dedicated accountant to provide the best outome.

Continue with the following:

☐ 1. Enter your personal information.
☐ 2. If applicable, enter your spouses information (we highly recommend we complete spouses return as well to provide the best family outcome).
☐ 3. If applicable, enter your dependents information (if dependent has income, deductions or tax credits we highly recomend we complete these returns to allow for transfers and the best family outcome.
☐ 4. Check off source or income and include slips and info.
☐ 5. Check off deductions/credits and include slips and info.
☐ 6. To Book a Zoom or Other Online video appointment, goto CanAcct.com/T1 or phone our office to book.
☐ 7. To Book a Phone appointment, goto CanAcct.com/T1 or phone our office to book.
☐ 8. To Book an On-Site Mobile Office appointment, please phone our office to book.
☐ 9. Note the appointment date, time and type on the following page.

Office Phone Numbers:
☎Lower Mainland: 604-463-8202
☎B.C. Interior: 250-447-9255
☎Toll-Free: 1-800-667-9254 (Canada/USA)

Appointment Date: | | Appointment Time: | | ☐ am ☐ pm

Appointment Type: ☐ Zoom ☐ Phone ☐ Mobile Office ☐ Other Type:

Office Phone Numbers:
☎ Lower Mainland: 604-463-8202
☎ B.C. Interior: 250-447-9255
☎ Toll-Free: 1-800-667-9254 (Canada/USA)

Notes,
Questions