



CLIENT PERSONAL TAX – IN TAKE FORM

CLIENT NAME:

SIN#: DOB: (MM/DD/YYYY):

Unit# Street# Street City Province Postal code
ADDRESS:

EMAIL: PHONE#:

TAX RETURN TYPE:

TAX RETURN YEAR:

MARITAL STATUS:

INFORMATION ABOUT SPOUSE / COMMON LAW PARTNER

NAME: DOB: (MM/DD/YYYY)
SIN#:

DEPENDENTS: DATE FORMAT (MM/DD/YYYY)

NAME: <input type="text"/>	DOB: <input type="text"/>	SIN#: <input type="text"/>
NAME: <input type="text"/>	DOB: <input type="text"/>	SIN#: <input type="text"/>
NAME: <input type="text"/>	DOB: <input type="text"/>	SIN#: <input type="text"/>

PLEASE SELECT ALL THAT APPLIES TO YOU

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> EMPLOYED | <input type="checkbox"/> EMPLOYMENT EXPENSES | <input type="checkbox"/> RENTAL INCOME |
| <input type="checkbox"/> DONATIONS | <input type="checkbox"/> MEDICAL EXPENSES | <input type="checkbox"/> PROPERTY TAXES |
| <input type="checkbox"/> TUTION FEES | <input type="checkbox"/> RENT | <input type="checkbox"/> MORTGAGE INTEREST |

☐ OTHER



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COMPANY NAME:

BUSINESS ADDRESS:

Unit# Street# Street City Province Postal code

CRA ACCOUNT #:

GST ACCOUNT #:

GST FILING PERIOD :

BUSINESS ACTIVITY:

Do you give permission to All GoodAccounting.com (Sandria Goodall) to be an authorized representative on your CRA account ?

ALL-GOOD-ACCOUNTING.COM

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Email: Allgoodcloud@gmail.com

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CONFIDENTIALITY STATEMENT:

A clients personal and confidential information, discussed and reported in agreements, tax returns or in any other medium disclosed between All-Good-Accounting.com and client are strictly confidential and are supplied on the understanding that they will be held confidentially and not disclosed to third parties without the prior written consent of:

Name of Client (Print)

SIGNATURE:

CUSTOMER (Type in name as signature)

Date:

(MM/DD/YYYY)

SIGNATURE:

ALLGOODACCOUNTING.COM

Date:

(MM/DD/YYYY)