



Today's Date: _____

Client Tax Return Package – **Default will be Email if not specified** Portal Paper Copy

****By providing your email address, you consent to receive email correspondence from Fulcrum Group****

To authorize Fulcrum Group as your representative with CRA, you may be required to provide Notices of Assessments for the past two years for each tax filer

CLIENT Legal Name: _____ **Nickname:** _____

Social Insurance: _____ **Date of Birth** _____ **Email Address:** _____

Phone (Cell): _____ **Phone (Work):** _____ **Phone (Home):** _____

SPOUSE Legal Name: _____ **Nickname:** _____

Social Insurance: _____ **Date of Birth** _____ **Email Address:** _____

Phone (Cell): _____ **Phone (Work):** _____ **Phone (Home):** _____

DEPENDANT Information:			
Dependent's First, Middle and Last Name	Gender	Social Insurance No	Date of Birth MM / DD / YYYY

MAILING Address:

Street /Box: _____ **City:** _____

Prov: _____ **Postal Code:** _____



TAX CHECKLIST

- Yes No Do you have an incorporated company?
 Yes No Is Fulcrum Group the Accounting firm for the company?
 Yes No Are you a Canadian Citizen?
 Yes No Is your spouse a Canadian Citizen?
 Yes No Do you authorize CRA to give your names, address, date of birth, and citizenship to Elections Canada to update the National Register of Electors?

Select Email Preference

- Tax updates and informational emails, tax questions and/or tax package pickup notifications Tax questions and/or tax package pickup notifications
 Yes No Would you like to be invited to the Fulcrum Group portal? (This allows you to securely upload documents/information to FG and where FG can upload information for you to access in the future)
 Already Subscribed

Has your marital status changed since last tax season? Date of Marital Status Change (MM/DD): _____

- Married Common Law Widowed Divorced Separated Single

Did you have any changes of your dependents since last tax season?

- Birth of a Child Child/Dependent attending University
 First year Child/Dependent is filing a tax return Child/Dependent claiming disability credit

If yes, provide information below (Include full name, date of birth, gender, and SIN, tuition slips, application for disability)

- Yes No Did you sell your principal residence since last tax season?
 If yes, provide the following information below
 Year of Purchase: _____ Sale Amount: _____

- Yes No Are you on title for a property or accounts that you are **NOT** the beneficial owner of?
 (Eg: You have co-signed for a child's mortgage or have been put on title for a parent's home or bank account for estate planning purposes). If so, you may have a T3 Bare Trust reporting obligation.

- Yes No During the year did you own any foreign property with a cost in excess of \$100,000?

If yes, provide all properties and details of any income earned from properties

- Yes No Did you reside in a prescribed northern zone for a continuous period of at **least 6 consecutive months**?
 If not for the full year provide dates from _____ to _____

- Yes No Will any others who are sharing this residence be claiming the Northern Residents deduction?

- Yes No Did you travel during the tax year? Required **only** if you reside in a prescribed northern zone

If yes, provide dates, destination of travel, flight cost, and family members on trip

Are you Missing any slips for the current year? Do you need to provide additional information?