



Tel: (780) 809 - 2316

Fax: (780) 459 - 0899

275 Carnegie Dr, Unit 36, T8N 5A7, St Albert, AB

Client Information

- **Taxpayer Name: First/** Last/
- Date of Birth: DD / MM / YYYY
(/ Jan /)
- SIN Number:
- Marital Status: Single, Married, Common-Law, Widowed...
- Marital Status changed Since last year (Date: /Jan/)
- Occupation:
- **Home Address:**
- City, Province, Postal Code:
- Best Phone Number:
- Best Time to Reach You:
- Email:
- **Are you a Canadian citizen? Y If not what is the entry date to Canada (Jan)**

Spouse or Common-Law-Partner Information

- **Spouse Name: First/** Last/
- Spouse Date of Birth: Jan
- SIN Number:

Net Income:

- **Home Address (If different):**
- Best Phone Number:
- Email:

Y- **Are you a Canadian citizen? If not what is the entry date to Canada (Jan)**

Dependent* (Or person living in your household)

Name First/ Last	Relationship	Date or Birth	SIN #	Full Time Student?	Disabled?
/		Jan		Y	Y
/		Jan		Y	Y
/		Jan		Y	Y
/		Jan		Y	Y
/		Jan		Y	Y

Document Checklist

Income: Check all that apply and include requested Documents, if available

Income From:	Yes / No		Yes / No
Employer (T4)	Y	Self-Employment / T4A	Y
Interest	Y	Retirement Income	Y
Dividends / T5	Y	Rental Property / Business Income	Y
Capital Gains due to stock / Mutual Fund Sale	Y	Employment Insurance	Y

Expenses: Check all that apply and include requested Documents, if available

Expenses Form:	Yes / No		Yes / No
Self-employment T2200	Y	Child Care Expenses	Y
Education / Donations	Y	Rental Property / Business Expenses	Y
Medical / Dental Expenses	Y	Union Dues / professional dues	Y
Disability Tax Credit Certification	Y	Northern Residents information	Y
Amounts paid in tax instalments	Y	Moving expenses / Carrying charges	Y

Direct Deposits Information: Please provide a Void Cheque (If you want to setup a direct deposit with the CRA) If is been setup before then no need for this information

Transit No:

Inst. No:

Account No:

How Did You Hear About Us? (Please Circle your answer)

Another Client Flyer Internet Coffee News Facebook Local Add

Authorization request – signature page

1. Have the taxpayer or legal representative sign and date this page.
2. Retain a copy of the signed and dated signature page in your files for six years from the date that this information is transmitted to the CRA. Do not send us the signature page by mail or fax unless requested to do so.

Taxpayer information

SIN: _____ Given name: _____ Surname: _____

Representative information

Rep ID

First name: _____ Last name: _____
Group ID
G _____
Group name: _____
Business number (BN)
764351896 _____
Business name: K&R TAXSERVICES INC.
Telephone: (780) 809-2316 _____

Authorization information

Level of authorization: 2 _____

Expiry date, if applicable: _____

Signature information

☐ I am the legal representative for this taxpayer

Name of taxpayer or legal representative

Signee's telephone number

Certification

By signing and dating this page, you authorize the Canada Revenue Agency to interact with the representative mentioned above.

X

Signature of taxpayer or legal representative

Jan
Year Month Day

Date of signature

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