

'NEW' CLIENT INFORMATION FORM

DATE: REFERRED
BY:CT Activities
WORKFLOW:INCORP
QK START
BKBP
NTR
T4/T5
SPEC
OTHER

CORPORATION INFORMATION: N/A ☐

COMPANY NAME: CRA Business #: AB Corporate #: Corporate YEAR END: Incorporation Date: Business Address: Mailing Address: (if not the same as above) City: Province: Postal Code: Bus. Ph. #: Bus. Fax #: Bus. Cell Ph. #: Email Address (Work): Website: RC59 Obtained: Yes ☐ No ☐ Date faxed to CRA: A Consent Obtained: Yes ☐ No ☐ Faxed to AB Rev: Type of Business: Registered for GST? Yes ☐ No ☐ Will our office file GST return? Yes ☐ No ☐

Which filing method is used? Quick Regular

NOTES: How did you hear about us:

PERSONAL INFORMATION:

M ☐ F ☐First Name: Initial: Last Name:

MR / MRS / MS / DR

Address: Mailing Address: (if not the same as above) City: Province: Postal Code: Home. Ph. #: Home Fax. #: Cell. Ph. #: Email Address Home: Email Address Work: Date of Birth: S.I.N.: Corporate Director: Yes ☐ No ☐ NA ☐ Corporate Shareholder: Yes ☐ No ☐ NA ☐Voting Shareholder: Yes ☐ No ☐ NA ☐ If yes, what is the percentage of Voting Shares: %Will we be preparing your personal tax return? Yes ☐ No ☐T1013 Obtained: Yes ☐ No ☐ Date emailed to CRA:

Please indicate (circle) your MARITAL STATUS: Married Single Living Common-Law Widowed Separated Divorced

Please indicate (circle) your CITIZENSHIP: Canadian U.S. Green Card Holder Dual or Other CT Activities
WORKFLOW:

T1: current yr

T1: multi yr

OTHER

PLEASE COMPLETE REVERSE SIDE →

Rosemary M. Tindall

Professional Corporation
Certified General AccountantRC59: ☐ T1013S: ☐☐ PIT
☐ FFS
☐ PRM☐ TAX
☐ CWPFILES MADE: ☐PROFILE: ☐CLIENT TRACK: ☐

CORP

TCE
ONLY:

SPOUSE'S INFORMATION: N/A ☐

First Name: _____ Initial: _____ Last Name: _____

MR / MRS / MS / DR

Home. Ph. #: _____ Home Fax. #: _____ Cell. Ph. #: _____

Email Address Home: _____

Email Address Work: _____

Date of Birth: _____ S.I.N.: _____

Corporate Director: Yes ☐ No ☐ NA ☐ Corporate Shareholder: Yes ☐ No ☐ NA ☐Voting Shareholder: Yes ☐ No ☐ NA ☐ If yes, what is the percentage of Voting Shares: _____ %**Will we be preparing your personal tax return?** Yes ☐ No ☐

- T1013 Obtained: Yes ☐ No ☐ Date emailed to CRA: _____
- Please indicate (circle) your **MARITAL STATUS**: Married Single Living Common-Law Widowed Separated Divorced
- Please indicate (circle) your **CITIZENSHIP**: Canadian U.S. Green Card Holder Dual or Other _____
COUNTRIES

CHILDRENS'S INFORMATION: N/A ☐Name: _____ M ☐ F ☐ Will we be preparing personal tax return? Yes ☐ No ☐

Date of Birth: _____ S.I.N.: _____

Corporate Shareholder: Yes ☐ No ☐ NA ☐ If yes, what is the type of Shares: _____Please indicate (circle) **CITIZENSHIP**: Canadian U.S. Green Card Holder Dual or Other _____If preparing personal tax return: T1013 Obtained: Yes ☐ No ☐ Date emailed to CRA: _____
(If under 16, parent must sign authorization form)Name: _____ M ☐ F ☐ Will we be preparing personal tax return? Yes ☐ No ☐

Date of Birth: _____ S.I.N.: _____

Corporate Shareholder: Yes ☐ No ☐ NA ☐ If yes, what is the type of Shares: _____Please indicate (circle) **CITIZENSHIP**: Canadian U.S. Green Card Holder Dual or Other _____If preparing personal tax return: T1013 Obtained: Yes ☐ No ☐ Date emailed to CRA: _____
(If under 16, parent must sign authorization form)Name: _____ M ☐ F ☐ Will we be preparing personal tax return? Yes ☐ No ☐

Date of Birth: _____ S.I.N.: _____

Corporate Shareholder: Yes ☐ No ☐ NA ☐ If yes, what is the type of Shares: _____Please indicate (circle) **CITIZENSHIP**: Canadian U.S. Green Card Holder Dual or Other _____If preparing personal tax return: T1013 Obtained: Yes ☐ No ☐ Date emailed to CRA: _____
(If under 16, parent must sign authorization form)Name: _____ M ☐ F ☐ Will we be preparing personal tax return? Yes ☐ No ☐

Date of Birth: _____ S.I.N.: _____

Corporate Shareholder: Yes ☐ No ☐ NA ☐ If yes, what is the type of Shares: _____Please indicate (circle) **CITIZENSHIP**: Canadian U.S. Green Card Holder Dual or Other _____If preparing personal tax return: T1013 Obtained: Yes ☐ No ☐ Date emailed to CRA: _____
(If under 16, parent must sign authorization form)OFFICE
USE ONLY:CT Activities
WORKFLOW:

T1: current yr

T1: multi yr

OTHER

CT Activities
WORKFLOW:

T1: current yr

T1: multi yr

OTHER

T1: current yr

T1: multi yr

OTHER

T1: current yr

T1: multi yr

OTHER

T1: current yr

T1: multi yr

OTHER

CORPORATIONS

PREVIOUS ACCOUNTANT: N/A ☐

Name: _____

Firm Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Office Phone #: _____ Fax #: _____

Email Address (Work): _____

Copy of Prior Year Financials Obtained: YES ☐ NO ☐ Prior Year Tax Return Obtained: YES ☐ NO ☐

Letter sent to former accountant: YES ☐ NO ☐ Date: _____

LAWYER'S INFORMATION: N/A ☐

Name: _____

Firm Name: _____

City: _____ Province: _____ Postal Code: _____

Office Phone #: _____ Fax #: _____

Email Address (Work): _____

MINUTE BOOK INFORMATION: N/A ☐

Does the corporation have a MINUTE BOOK? Yes ☐ No ☐

If yes, is it located at your lawyer's office? Yes ☐ No ☐ (specify where minute book is located) _____

ADDITIONAL INFORMATION:

PERSONAL INCOME TAX RETURN(S)

PROPRIETORSHIP: N/A ☐

Do you or your spouse have a proprietorship? YES ☐ NO ☐

Who? You ☐ Spouse ☐ Joint ☐

Name of Proprietorship: _____

Is proprietorship registered for GST? YES ☐ NO ☐

Which filing method is used? QUICK ☐ REGULAR ☐

Will our office file GST return? YES ☐ NO ☐

RENTAL PROPERTY: N/A ☐

Do you or your spouse have a rental property? YES ☐ NO ☐

Who? You ☐ Spouse ☐ Joint ☐

Address: _____

OFFICE
USE ONLY:

CT Activities
WORKFLOW:

Dear John

OTHER

CT Activities
WORKFLOW:

Request MB

OTHER

Canada's Anti-Spam Law

Due to the new anti-spam in effect July 1, 2014 we are required by law to get consent to correspond through email.

In order to receive electronic messages and information from us, please consent to provide relevant information to you.

Yes ☐ I consent to receiving messages and information via email.

Date: _____

Email: _____

No ☐ I do not give consent to receive any message and information via email.

Date: _____

Email: _____

You may unsubscribe at any time by contacting our office.

Manage Online Mail ---New Service

If you are interested in this service, can register you for online mail.

A new field has been added on the T1 Return and T183 Form to include your personal email address.

- Provide your personal email address to your tax preparer. Each year you sign a T183 Form which authorizes your representative to EFILE your return. By providing your email address, you are giving your tax preparer consent to sign you up for online mail.
- Your tax preparer will then enter and submit your personal email address to the CRA when filing your tax return.

You can also register directly online with My Account, a secure CRA online service, at www.cra.gc.ca/myaccount.

My account is the only place to view your online mail. To view your online mail:

- Register for / log in to My Account at www.cra.gc.ca/myaccount.
- Access notices of assessment or reassessment (and future items) from the "Welcome Page". On that page, you can view and print correspondence items.
- Select "Manage online mail", to update and email address or cancel online mail.

Yes, please sign me up. ☐

No, do not sign me up. ☐

Name: _____

Email: _____



Complete this form to give the Canada Revenue Agency (CRA) your consent to deal with another person (such as your spouse or common-law partner, other family member, friend, or accountant) who would act as your representative for income tax matters or to cancel any existing representatives on your file. For individual accounts, complete this form only if you have a valid social insurance number (SIN), temporary tax number (TTN) or individual tax number (ITN). Only forms received with a valid SIN, TTN or ITN will be processed. Send your completed form to your CRA tax centre. You can find the address of your tax centre on the attached information sheet. You can also give or cancel a consent by providing the requested information online through "Authorize my representative" on our Web site at www.cra.gc.ca/myaccount. To immediately cancel a consent, call us at 1-800-959-8281.

Note

We will accept a change of address only from you or your legal representative. If you have registered with the My Account online service, you can change your address by going to www.cra.gc.ca/myaccount. If you have recently moved, call us at 1-800-959-8281 before submitting this form to ensure we have your current mailing address.

To authorize a representative, complete Part 1, Part 2 or Part 3, Part 4, and Part 6.

To cancel a representative, complete Part 1, Part 5, and Part 6.

Part 1 – Taxpayer information

Complete this part to identify yourself and to give your account number.
You will need to complete a separate Form T1013 for each account.

First name	Last name	Work telephone number	Home telephone number
		- -	- -

Complete the one
that applies:

Individual

SIN, TTN or ITN

Trust

Trust account number

T5

T5 filer identification number

T

HA

Part 2 – Giving consent for a representative (including online access)

You must complete a separate Form T1013 for each representative. Online access is not available for trust accounts. Refer to Part 3.

To grant online access to your representative,
enter his or her identification number.

For an individual

RepID

or

For a group

GroupID

G

or

For a business

Business Number

846368637

Your representative must have registered the BN with
the CRA "Represent a client" service.

Enter the full name of the individual, group or business.

Name of individual associated to the RepID

First name: Last name:

Name of the group associated to the GroupID

Name of the business associated to the BN

Tindill & Company

Enter the level of authorization (level 1 or 2): 2

If you do not specify a level of authorization, we will assign a level 1. Our
online services do not have a year-specific option. Therefore, your representative
will have access to all tax years.

Part 3 – Giving consent for a representative (other than online access, including trust accounts)

You must complete a separate Form T1013 for each representative.

- If you are giving consent for an individual, enter the individual's full name in the appropriate box below.
- If you are giving consent for a business, enter the name of the business in the appropriate box below.

Name of individual

Name of business

First name:			
Last name:	Telephone: - -	Ext: -	Fax: - -

(Vous pouvez obtenir ce formulaire en français à www.arc.gc.ca ou au 1-800-959-3376.)

Canada

Part 3 – (Continued)

Tick either

- **Box A** below to give consent for all tax years and specify the level of authorization; or
- **Box B** below to give consent for a specific tax year or years and specify the level of authorization for each tax year.

If you do not specify a level of authorization, we will assign a level 1.

☐ **A.** All (past, present, and future) tax years **Level of authorization** (specify either level 1 or 2):
☐ **B.** Enter the applicable tax year or years (past and/or present), and specify the level of authorization (level 1 or 2) for each tax year.

Tax year(s)	Level of authorization

If this consent is for a trust account and the year-end is not December 31, enter the month and day of the year-end: _____

Part 4 – Consent expiry date

Enter an expiry date for the consent given in **Part 2** or **Part 3** if you want the consent to end at a particular time. Your consent will stay in effect until you or your representative cancels it, it reaches the expiry date you choose, or we are notified of your death.

Part 5 – Cancelling one or more existing consents

Complete this section only to cancel an existing consent. Tick the appropriate box.

- ☒ **A.** Cancel all consents. ☐ **B.** Cancel the consents given for the individual or business identified below:

Name of individual**Name of business**

First name:

Last name:

RepID

or

G

GroupID

or

Business Number

Part 6 – Signature

You or your legal representative (for example, a person with your power of attorney, your guardian, or an executor or administrator of the taxpayer's estate) must sign and date this form. If you are signing and dating this form as the legal representative, tick the box below. If two or more legal representatives are acting jointly on the taxpayer's behalf, the signature of each legal representative is required. Also, send us a copy of the legal document that identifies you as the legal representative, if you have not already done so.

By signing and dating this form, you authorize us to deal with the individual, group, or business identified in **Part 2** or **Part 3** and/or to cancel the consents shown in **Part 5**.

We will process this form only if you provided your account number and it is signed and dated by you or your legal representative. This form must be received by the CRA within six months of its signature date. If not, it will not be processed.

☐ I am not the taxpayer named in part 1 of this form. However, I have power of attorney for this taxpayer, I am the legal guardian of this taxpayer, or I am the executor/administrator of this taxpayer's estate, or I am the trustee or custodian of this trust account.

Print name of taxpayer or legal representative

Date of signature

☒

Taxpayer or legal representative signature

Privacy Act Personal Information Bank number CRA PPU 005 and CRA PPU 175



Tindill & Company

100 - 10306 - 176 Street NW
Edmonton, AB T5S 1L3
(780) 341-9408
rtindill@tindillpro.com

Date: _____

Dear: _____,

Thank you for the opportunity to work with you and advise you on income tax and financial matters. The purpose of this letter is to set out a clear understanding of the nature of our involvement as the preparers of your 2020 personal income tax return and your responsibilities as the taxpayer. As such, we ask you to confirm the following arrangements.

Please sign and date at the bottom of this letter, and return it to us as soon as possible.

It is understood and agreed that:

- (a) The accuracy of the information and completeness of the representations reflected in your return is your responsibility under the Income Tax Act. You represent that the information supplied to us is, to your knowledge, correct and complete, and fully discloses all of your reporting requirements under the Income Tax Act.
- (b) You confirm that you have provided us with all income and deduction items to be included in your tax return and that they are correct and complete. You confirm that all sources of income have been disclosed, all deductions were incurred to earn income, and all credits claimed are supported by receipts.
- (c) If you sold your home in 2020, you must report the sale on your tax return, even if it was your principal residence for the whole time you owned it. There are significant fines for not reporting.
- (d) If you owned certain property outside of Canada totalling more than \$100,000 at any time during 2020, it may be necessary for you to declare such ownership in your tax return. There are substantial fines and penalties for non-compliance.
- (e) You are not aware of any illegal or possibly illegal acts for which you have not disclosed to us all facts related thereto.
- (f) We will not audit, review or otherwise attempt to verify the accuracy or completeness of any information provided. It is up to you to provide us with accurate and complete information necessary to prepare such personal income tax return.
- (g) If requested by you, we will assist you in providing additional information or explanations related to our preparation of your return should any taxation authorities subsequently request it.

Fees

The fees for our services will be based on time spent on the engagement at our standard billing rates and are due when services rendered. You understand and agree that we have the right to refuse to file your tax return if we did not receive payment.

Initial _____

Confidentiality

We will maintain in confidence the information you give us. Accordingly, without your consent, your personal information will not be disclosed to individuals outside our firm or used by anyone in our firm other than those who are involved in preparing your tax return and/or providing related services.

Please answer the following:

1. Are you a Canadian Citizen? ☐ Yes ☐ No
2. Did you sell your home in 2020? ☐ Yes ☐ No
3. Can CRA provide your name, address and birthdate to Elections Canada?
(to have your name put on the voter's list) ☐ Yes ☐ No
4. Do you have interests in foreign investments or properties with an aggregate value in excess of \$100,000? ☐ Yes ☐ No
If yes, did they generate income? ☐ Yes ☐ No
5. Did you receive interest, dividends or benefits from a business where a relative is a key party? (in terms of ownership or involvement) ☐ Yes ☐ No
6. Did you receive any COVID-19 income, supports or benefits? ☐ Yes ☐ No
Were you required to repay any COVID-19 income, supports or benefits? ☐ Yes ☐ No
How much? _____ Date repaid: _____
7. Were you required to work from home due to COVID-19? ☐ Yes ☐ No
If yes, will your employer provide a T2200 Conditions of Employment form? ☐ Yes ☐ No
How many days per week did you work from home? _____
How many weeks did you work from home? _____
Office space _____ sq.ft. Home space sq. ft. _____

The services and terms as set out above are as agreed. As well, I acknowledge and accept my responsibilities as the taxpayer as outlined above.

Signature: _____

Date: _____

Signing date

Please return completed form to:

Tindill & Company, 100 - 10306 - 176 Street NW, Edmonton, AB T5S 1L3 or rtindill@tindillpro.com

Name:: _____

Address: _____

Date: _____

Tindill & Company
Chartered Professional Accountant
#100, 10306 - 176 Street
Edmonton, AB T5S 1L3

Dear Rosemary:

Please accept this letter as confirmation that we wish to appoint your firm to act as our accountant to provide accounting and income tax services.

We hereby authorize _____ to release to you any information they may have regarding our taxes, including complete copies of all of our tax returns for the past three years. These returns should included all schedules and related backup documents.

Sincerely,

Name

Signature

Name

Signature