Please fill out and send this form

PROFICIENCY TAX

CLIENT QUESTIONNAIRE

NAME ☐ Mr ☐ Ms

First name: _____

Last name: _____

NAME – Spouse or Common law ☐ M. ☐ Mme

First name: _____

Last name: _____

IDENTIFICATION

SIN number : _____-_____-_____ (Optional)

Date of birth : (dd/mm/yy): ____/____/_____

IDENTIFICATION – Spouse or common law

SIN NUMBER : _____-_____-_____ (Optional)

Date of birth : (dd/mm/yy): ____/____/_____

MARITAL STATUS

☐ Single ☐ Common law ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

If your marital status Changed during the year : Old status:_____

Date of Change (dd/mm/yy): ____/____/_____

CONTACT INFORMATION

Phone: (_____) _____-_____

Phone Mobile: (_____) _____-_____

Address : _____ Apt. : ____

City: _____ Prov.: ____

Postal code: _____

E-mail : _____

CONTACT INFORMATION – Spouse or Common Law

Phone (_____) _____-_____

Phone Mobile:(_____) _____-_____

Check if identical ☐

Will we process the spouse's tax return?: ☐ **YES** ☐ **NO**

If not, give her approximate net income for the year _____$

E-mail : _____

- Did you live alone during the whole year ? (**excluding dependants**) ☐ **YES** ☐ **NO**
- At the end of year, how many people lived with you? Province of Residence at Dec 31st _____
- Did you own foreign property at any time with a total cost of more than 100.000$? ☐ **YES** ☐ **NO**
- Are you a Canadian citizen ? ☐ **YES** ☐ **NO**
- Are you a resident of Canada for tax purpose ? ☐ **YES** ☐ **NO**
- Did you buy a first home or sell your main residence during the year ? ☐ **YES** ☐ **NO**
- Do you want a technician to call you ? ☐ **YES** ☐ **If needed**
- Language of correspondence ? ☐ French ☐ English
- How do you plan to pay the cost of my Tax return service ? ☐ .Interac ☐ Credit card (3$)
- If you became or ceased to be a resident of Canadian, give the date----------

Drug Insurance

Basic Insurance (Not complementary) Covering the Drugs ?

	month	month
Quebec government one (RAMQ)	From _____	to _____
My own regime plan	From _____	to _____
Spouse's plan/parent's plan	From_____	to _____

DRUG INSURANCE – spouse or common law

Basic Insurance (No complementary) Covering the drugs

	month	month
Quebec government one (RAMQ)	From _____	to _____
My own Insurance plan	From _____	to _____
Spouse's plan/parent's plan	From _____	to _____

DEPENDANTS

☐M ☐F First name: _____ Name: _____

Date of birth : (dd/mm/yy): ____/____/_____ SIN (if attributed) : _____-_____-_____

☐M ☐F First name: _____ Name: _____

Date of birth : (dd/mm/yy): ____/____/_____ SIN (If attributed) : _____-_____-_____

☐M ☐F First name: _____ Name: _____

Date of birth : (dd/mm/yy): ____/____/_____ SIN (If attributed) : _____-_____-_____

COMMENTS: