

Advisor: _____	Tax Year: _____	Client ID # _____	<input type="checkbox"/> New Client <input type="checkbox"/> Existing Client
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1. TAXPAYER(s) INFORMATION

Name (First, Last) Mr. Mrs. Ms. Miss. _____

Social Insurance Number _____	Date of Birth M D Y
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2. SPOUSE / PARTNERS INFORMATION

Name (First, Last) Mr. Mrs. Ms. Miss. _____

Social Insurance Number _____	Date of Birth M D Y
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Address _____ City _____ Province _____ Postal Code _____

Home # () _____ Business # () _____ E-Mail _____

Marital Status Married Common Law Divorced Separated Widowed Single

If the status changed in year enter date

M	D
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If email Provided register for CRA online mail ? Already Registered Yes No

PLEASE ANSWER FOR ALL TAXPAYER(s)

- Principal Residence:** Have you sold your principal residence in the taxation year? Yes No Please provide details in notes.
- Are you a Canadian Citizen? 1. Yes No 2. Yes No ■ Provide info to Election Canada? 1. Yes No 2. Yes No
 - Do you own foreign property at any time during the taxation year with a total cost of more than CAN \$100,000? 1. Yes No 2. Yes No
 - Claim disability amount? 1. Yes No 2. Yes No ■ Mental or physical infirm? 1. Yes No 2. Yes No
 - Province of residence on Dec 31 1. _____ 2. _____ ■ Self Employment? 1. Yes No 2. Yes No

CHILDREN / DEPENDANTS INFORMATION

Name (First, Last) Relationship: _____ Income: \$ _____

Social Insurance Number _____	Date of Birth M D Y
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Name (First, Last) Relationship: _____ Income: \$ _____

Social Insurance Number _____	Date of Birth M D Y
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Name (First, Last) Relationship: _____ Income: \$ _____

Social Insurance Number _____	Date of Birth M D Y
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NUMBER SLIPS

T3 _____ T4 _____ T4A _____ T4E _____ T4AP _____ T4AOAS _____ T5 _____ T4RSP _____ T4RIF _____ RRSP _____
 5007 _____ T5008 _____ T2202A _____ RC62 _____ Other _____ Other _____ Other _____ Other _____

Other Income/Loss

- Capital Gain/Loss Stmt Rental Income/Expense (Attach Questionnaire Form) Employment Expense (Attach Questionnaire Form)
- Business or Commission Income/Loss (Attach Questionnaire Form)
- Support Payments Rec: Child \$ _____ Spousal \$ _____ Support Payments Pd: Child \$ _____ Spousal \$ _____

Other Deductions/Expenses varies by province (receipts must be provided where applicable)

Childcare \$ _____ Carry Charges \$ _____ Moving Expenses \$ _____ Dental/Med Expenses \$ _____
 Charities \$ _____ Union Dues/Licensing Fees \$ _____ Tuition Fees \$ _____ Student Loan Interest \$ _____
 Property Taxes \$ _____ Rent Paid \$ _____ Other \$ _____ Other \$ _____
 Total Installment Payments made: 1. \$ _____ 2. \$ _____ Copy of previous yr's return 1. 2. NOA 1. 2.

OTHER INFORMATION

REFERRAL FEE DISCLOSURE:

The tax preparation service is being prepared by Canfin Management Inc. and is unaudited. It is based on the information given by the client (taxpayer) & assumed to be accurate and correct. I/We do not hold Canfin Financial Group or any of its affiliates responsible for the preparation of this/these return(s) & all efforts are made for its' accuracy. If you give your Advisor permission to refer you to Canfin Management Inc. for tax preparation and tax planning needs, your Advisor will receive a referral fee of 20% of the pre HST amount (subject to a maximum of \$250.00) that you are invoiced by Canfin Management Inc. This referral fee will be paid by Canfin Management Inc. directly to Canfin Magellan Investments Inc., which in turn will pay your Advisor.

Wherever required your Advisor and the party or parties receiving the referral will hold the appropriate registrations/license(s) including that required by applicable securities and insurance legislation. It is important for you to be aware that a referral arrangement does exist between the above noted organizations as outlined and, as laid out above, that your Advisor will/may receive a referral fee. It is important to note that to the degree that Canfin Magellan Investments Inc. is responsible as laid out in this disclosure, any business that is not being conducted through Canfin Magellan Investments Inc. is not the responsibility of Canfin Magellan Investments Inc., but is the responsibility of the company and/or the registrant providing the respective service(s) and receiving the referral fee.

CLIENT(S) ACKNOWLEDGEMENT

I acknowledge the information provided is accurate to the best of my knowledge and have read and understand the disclaimer above.

X _____

M	D	Y
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Signature

X _____

M	D	Y
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Signature

X _____

M	D	Y			
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Referring/ Advisor's Signature Rep #

OFFICE USE ONLY	
Preparer Name: _____	Return Verified _____ initial
T183 Signed <input type="checkbox"/> Yes <input type="checkbox"/> No	Return Efiled: <input type="checkbox"/> Yes _____ initial
T1013 Signed <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes: _____
Amount to be Invoiced: _____	_____
Invoice Paid: _____	_____
Method of Payment: _____	_____
Referral Fee: _____	_____