LDA TAX SERVICES

NEW CLIENT TAX INTAKE FORM

TAX YEAR ----------

Date Received: _____

Are you a new client? ☐ Yes ☐ No

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1. TAX RETURN & SERVICE PREFERENCES

Type of Return:

☐ Personal
☐ Sole Proprietor
☐ Rental
☐ Corporate

Tax Slip Retrieval:

☐ I have provided all my tax slips.
☐ Please retrieve missing tax slips from CRA, if authorized.
☐ I am not sure whether I have all my tax slips.

Document Handling:

☐ Return my original documents.
☐ Shred paper copies.
☐ I will provide digital documents only.

Please note: During tax season, you may be asked to schedule an in-person appointment to pick up your documents and sign the required forms.

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2. TAXPAYER INFORMATION

Full Name: _____

Social Insurance Number (new clients only): _____

Date of Birth (YYYY/MM/DD): _____

Phone: _____

Email: _____

Business Number (if applicable): _____

Disability Tax Credit Approved? ☐ Yes ☐ No ☐ Unsure

Home Address: _____

City: _____

Province: _____

Postal Code: _____

SPOUSE / PARTNER INFORMATION (IF APPLICABLE)

Full Name: _____

Social Insurance Number: _____

Date of Birth (YYYY/MM/DD): _____

Phone: _____

Email: _____

Business Number (if applicable): _____

Disability Tax Credit Approved? ☐ Yes ☐ No ☐ Unsure

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3. MARITAL STATUS & FAMILY INFORMATION

Your marital status during 2025:

☐ Single
☐ Common-law
☐ Married

☐ Separated
☐ Divorced
☐ Widowed

Did your marital status change during 2025? ☐ Yes ☐ No

If yes, date of change: _____

Spousal Support Paid: $_____

Spousal Support Received: $_____

Child Support Paid: $_____

Child Support Received: $_____

If you separated or divorced during 2025, please provide a copy of your separation or divorce agreement.

DEPENDANTS

Name	Date of Birth	Disability Tax Credit?	Gender (Optional)
_____	_____	☐ Yes ☐ No	☐ M ☐ F
_____	_____	☐ Yes ☐ No	☐ M ☐ F
_____	_____	☐ Yes ☐ No	☐ M ☐ F

Did you have a new child in 2025? ☐ Yes ☐ No

If yes:

Child's Name: _____

Date of Birth: _____

SIN: _____

Disability Tax Credit? ☐ Yes ☐ No ☐ Unsure

Childcare Expenses: ☐ Receipts Attached ☐ Not Applicable

If you paid an individual caregiver, their SIN may be required.

Summer Camps / PA Day Camps: ☐ Receipts Attached ☐ Not Applicable

Are you claiming a transfer from an adult relative? ☐ Yes ☐ No

If the relative is not filing a tax return, please provide their net income.

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4. MOVING & REAL ESTATE TRANSACTIONS

Did you move in 2025? ☐ Yes ☐ No

If yes, **Previous Address:** _____

Did you purchase a home in 2025? ☐ Yes ☐ No

Are you a first-time home buyer in 2025? ☐ Yes ☐ No

Please provide the purchase agreement if applicable to your first-time home buyer claim.

Did you sell a home or other real estate in 2025? ☐ Yes ☐ No

Property Address: _____

Date Purchased: _____

Date Sold: _____

Sale Price: $_____

Was this your principal residence? ☐ Yes ☐ No

If the property was not your principal residence, please provide the original purchase and sale agreements and related records.

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5. INCOME DOCUMENT CHECKLIST

Please check all documents that apply to your 2025 tax return.

☐ **T4** — Employment income

☐ **T4E** — Employment Insurance benefits

☐ **T5007** — Social assistance or workers' compensation

☐ **T4A(P)** — Canada Pension Plan benefits

☐ **T4A(OAS)** — Old Age Security benefits

☐ **T4A** — Other income

☐ **T4RIF / T4RSP** — Registered retirement income or withdrawals

☐ **T5 & T5008** — Investment income

☐ **T3** — Trust or investment income

☐ Foreign pension or foreign income documents

☐ Self-employment or business income and expense records

☐ Rental income and expense records

☐ Corporate or business records, if applicable

☐ Other income documents: _____

Did you own specified foreign property with a total cost amount exceeding CAD $100,000 at any time in 2025?

☐ Yes ☐ No ☐ Unsure

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6. DEDUCTIONS & TUITION

Please provide the applicable supporting documents.

☐ Year-end investment statement and investment management fees

☐ **T2202** — Tuition certificate

☐ **T4A** — Scholarships, bursaries or other applicable income

Are you transferring eligible tuition amounts to a parent or spouse? ☐ Yes ☐ No

☐ Student loan interest statement

☐ Other deductions: _____

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7. MEDICAL EXPENSES & DONATIONS

Please provide receipts or supporting documents where applicable.

☐ Prescription expense summary from pharmacy

☐ Dental expenses

☐ Physiotherapy

☐ Chiropractic services

☐ Acupuncture

☐ Massage therapy

☐ Doctor's letters or medical reports

☐ Other eligible medical expenses

☐ Private medical or dental insurance premiums and eligible expenses

☐ Medical travel expenses (generally 40 km or more one way, subject to CRA requirements)

☐ Eligible home renovations for medical purposes

☐ Eligible home renovations to provide living quarters for a senior or an eligible person with a disability

☐ Charitable donation receipts

☐ Retirement home statement or receipt

☐ Other medical expenses or donations: _____

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8. RENT & PROPERTY TAX INFORMATION

A. RENT PAID IN 2025

Did you pay rent for your principal residence in Ontario during 2025?

☐ Yes ☐ No

Rental Address: _____

Landlord's Name (if available): _____

Period Rented: From _____ To _____

Total Rent Paid in 2025: $_____

☐ Rent receipts or other supporting documentation attached.

B. PROPERTY TAX PAID IN 2025

Did you own and occupy your principal residence in Ontario during 2025?

☐ Yes ☐ No

Property Address: _____

Total Property Tax Paid in 2025: $_____

☐ Property tax statement attached.

C. NURSING HOME OR RETIREMENT HOME

Did you reside in a nursing home or retirement home during 2025?

☐ Yes ☐ No

If yes, please provide the annual statement or receipt.

Important: Eligibility for Ontario tax credits and benefits depends on your circumstances, household income, residence, and the applicable program requirements. LDA Tax Services will determine which credits or benefits may apply to your tax return.

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9. SPECIAL NOTES / ADDITIONAL INFORMATION

10. CLIENT DECLARATION

I declare that the information provided is accurate and complete to the best of my knowledge. I understand that I must retain my original documents and supporting records in the event that the Canada Revenue Agency (CRA) requests them.

Taxpayer Signature: _____

Date: _____

Spouse / Partner Signature (if applicable): _____

Date: _____

LDA TAX SERVICES

Please contact our office if you have questions about the information or documents required for your tax return.

Website: lda-itb.com

Email: info@lda-itb.com

Phone: (647) 980-6298