

Kas-Tek Enterprises (www.kastek.com) - Income Tax Prep - Customer Information Sheet

Appointment Date: _____ Time: _____ AM PM
 Name(s): _____ Home Phone: (____) _____
 Address: _____ City: _____ Postal Code: _____
 Email Address / WWW Page: _____ Bus. Phone: (____) _____
 Marital Status: _____ Birth Date: _____ SIN: _____ Elect? _____ Can. Citizen? _____
 Spouse's Name: _____ Birth Date: _____ SIN: _____ Elect? _____ Can. Citizen? _____
 Marital Status Change **or** Death Date: _____ Spouse's Net Income: _____

Dependant's Name	Relationship	Date of Birth	Net Income	Eligible Dependant?

Child Care: _____ Universal Child Benefit: _____ Installments: _____
 Moving Expenses: _____ Medical Expenses: _____ Donations: _____
 RRSP Deposit: _____ HBP/LLP Repaid: _____ RRSP Limit: _____
 Tuition Fees: _____ Child Fitness Credit: _____ Carry Forward/Transfer: _____
 Student Loan Interest: _____ SDB / Carrying Charges: _____ Disability Amount (T2201?): _____
 Employment Exp: _____ Public Transit Fees: _____ Adoption Expenses: _____
 Support Paid/Rec'd: _____ Property Tax Paid: _____ Other Dues: _____
 Rent Paid: _____ Landlord: _____ Address: _____
 CSB: _____ T5: _____ T4E: _____ T3: _____ T4PS: _____ T5006: _____ UCCB: _____
 Social Assistance: _____ C.P.P/O.A.S. Income: _____ Worker's Compensation: _____
 Capital Gains: _____ RRSP/RIF Withdrawal: _____ Pension / Split? _____
 Other: _____

Direct Deposit Refund and GST ? _____ CTB? _____ Referral/Discount? _____
 Bank Name and Address: _____ Transit #: _____ Account #: _____

Declaration: I certify that all of the information provided on this form is truly correct and complete in all respects and I fully disclose my income from **ALL** sources. I release Mike Kasubeck and/or KasTek Enterprises from any and all liability pertaining to the **unaudited** preparation of my income tax return(s). I understand that all post-file contact with CRA (formerly Revenue Canada) is my own responsibility and that advertised Efile refund times of approximately two weeks are only estimates. In some cases, the original documents must be forwarded to CRA before the tax refunds are released.

Signed: _____ Signed: _____

Business / Professional Income:

Name: _____ Main Activity: _____ Fiscal Period: _____
 Gross Sales (no tax): _____ Other Income: _____ Other Income: _____
 Starting Inventory: _____ Purchases for Resale: _____ Ending Inventory: _____
 Advertising: _____ Accounting & Legal Fees: _____ Auto Expenses: _____
 Bad Debts: _____ Business Tax, Licence, Dues: _____ Travel: _____
 Rentals: _____ Interest & Bank Charges: _____ Insurance: _____
 Utilities: _____ Meals & Entertainment: _____ Maintenance: _____
 Salaries: _____ Office Expenses: _____ Supplies: _____
 Telephone: _____ Internet / Web: _____ Other: _____

Automobile Expenses:

Business KM's: _____ Total Annual KM's: _____ Business/Personal Ratio: _____
 Gas & Oil: _____ Repairs & Maintenance: _____ Insurance: _____
 License: _____ Interest Charges: _____ Lease Payments: _____
 Parking: _____ Car Washes/Auto Club: _____ Reimbursements: _____

Capital Cost Allowance (Depreciation):

Description of Item (automobile, computer, etc)	Acquisition or Disposal?	Purchase Price (including taxes)	Purchase Date (month/year)

Rental Income:

Addr: _____ Fiscal Period: _____ Gross Income: _____
 Rental Area: _____ Total Area: _____ Rental/Personal Ratio: _____
 # of Units: _____ Advertising: _____ Insurance: _____
 Interest : _____ Maintenance: _____ 100% Maintenance: _____
 Accting/Prep Fee: _____ Property Taxes: _____ Utilities: _____

Home Expenses:

Business Area: _____ Total Area: _____ Business/Personal Ratio: _____
 Gas: _____ Hydro: _____ Insurance (COMM): _____
 Maintenance: _____ Mortgage Interest: _____ Property Tax (COMM): _____
 L/D Telephone: _____ Other Expenses: _____ Rent (COMM): _____