



PERSONAL TAX CHECKLIST

Client Name: _____

This Section for new clients or if information has changed

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ E-mail: _____

Birth Date: _____ SIN: _____ BN: _____

Marital Status: _____ Date of Change (if applicable): _____

Would you like to sign up on our newsletter? YES NO

Would you like to sign up for online mail? (Must be registered with CRA My Account) YES NO

Would you like to have your refund deposited directly to your account? YES NO

If yes, please provide a void cheque from your bank account including a branch number, institution number, and account number on the cheque.

Are you a Canadian citizen? YES NO If YES, do you wish to be on the Canadian elections list? YES NO

Foreign Property over \$100,000 Canadian? YES NO (If yes, please provide detail of property + income

Foreign Property over \$250,000 Canadian? YES NO related to property)

Capital Gains/Losses to be Considered? YES NO

Spouse Information

Spouse Name: _____

Spouse Income Information:

Telephone: _____ Fax: _____ E-mail: _____

Birth Date: _____ SIN: _____

Dependants (if space is insufficient, please attach a separate page)

	Dependant #1	Dependant #2	Dependant #3
First Name:			
Last Name:			
Birth Date:			
Relationship:			
Net Income (if any):			

*Please make sure all fields above are filled accurately in its entirety, additional fees will be incurred for inaccurate information



Date: _____

Name: _____

Address: _____

Re: (Year) Individual Income Tax Return

You, _____ (**Full Name**) have engaged me to prepare your individual T1 income tax return. This letter outlines the terms, nature and scope of the services I will be providing.

I will prepare the return based solely on information provided by you. I will not audit, review or otherwise verify the accuracy of this information. While I will review the completed return with you, it is your responsibility to ensure the accuracy and completeness of the information therein.

It is understood and agreed that:

- (a) you will provide accurate and complete information necessary to complete your tax return;
- (b) the responsibility for the accuracy and completeness of the representations in the return and related financial information remains with you;
- (c) the tax return will be conspicuously marked as being unaudited and each page of any supplementary financial information that I compile as part of this engagement will be similarly marked;
- (d) you will attach my notice to reader when distributing the return or supplementary financial information to third parties;
- (e) the financial information provided may either lack disclosure required by, or otherwise not be in accordance with generally accepted accounting principles, and may not be appropriate for general use; and
- (f) uninformed readers could be misled unless they are aware of the possible limitations of the return, related financial information and my very limited involvement.

My fees are based on the complexity of your return and are payable upon delivery of the completed return to you. These fees are for the preparation of the return only and any services required further to this return, such as discussions or correspondence with, or an audit by, the Canada Revenue Agency, will be billed separately and as arranged with you at that time.

Prior to commencing my services, I require that you provide me with a retainer. The retainer will be applied against my final invoice, and any unused portion will be returned to you upon my collection of all outstanding fees and costs related to this engagement.

In connection with this engagement, I may communicate with you or others via telephone, facsimile, post, courier and email transmission. As all communications can be intercepted or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, I cannot guarantee or warrant that communications from me will be properly delivered only to the addressee. Therefore, I specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of communications transmitted by me in connection with the performance of this engagement. In that regard, you agree that I shall have no liability for any loss or damage to any person or entity resulting from: communications, including any consequential, incidental, direct or indirect; special damages, such as loss of revenues or anticipated profits; or disclosure or communication of confidential or proprietary information.

These arrangements will remain in effect from year to year unless revised in writing.

If these terms are acceptable, please, acknowledge by signing the copy of this letter where indicated.

Yours truly,

Zara Kanji, CPA, CGA
Zara Kanji & Associates

I consent Zara Kanji & Associates. to send, receive and transmit the information regarding this engagement via electronic mail.

The services set out in the foregoing letter are in accordance with our requirements. The terms set out are acceptable and are hereby agreed to.

[Signature]

[Date]

[Full Name]

Important – If you moved recently, update your address and contact information with the Canada Revenue Agency (CRA) online if you are registered with MyAccount at www.cra-arc.gc.ca/myaccount, by telephone at **1-800-959-8281**, or in writing.

Complete this form to authorize the CRA to deal with another person who would act as your representative for income tax matters or to cancel any existing representatives on your account. Only forms received with a valid account number will be processed.

By registering with MyAccount at www.cra.gc.ca/myaccount, you will be able to provide immediate access to your representative and cancel and manage your representatives through "Authorize my representative." You can also authorize or cancel a representative by completing this form and mailing it to your tax centre. We aim to process this paper form in 20 business days or less from the date it is received at the tax centre. To immediately cancel a representative, call us at **1-800-959-8281**.

Part 1 – Taxpayer information

You will need to complete a **separate Form T1013** for each account and representative. Complete the line that applies:

SIN, TTN or ITN	First name	Last name
Trust account number T	Trust name	
T5 filer identification number HA	Filer name	

Part 2 – Representative information and authorization

Name of your representative (individual or business): Zara Kanji & Associates

Mailing address: 1515 - 700 West Pender Street, Vancouver, BC, V6C 1G8

Do not complete a new form every year if there are no changes. Complete section A or B, as applicable.

A. Authorize online access (includes access by telephone, in person, and in writing)

By completing this section to authorize a representative for a **trust** account, the representative will have access to **all** tax years with **no** online access.

To grant online access to your representative, your representative must register online through "**Represent a client**" at www.cra.gc.ca/representatives and obtain a RepID or GroupID or register their business number (BN). Our online services do not have a year-specific option. Therefore, your representative will have access to **all** tax years.

By completing this section to authorize a representative for a trust account, the representative will have access to **all** tax years with **no** online access.

RepID

_____ **First name:** _____ **Last name:** _____

GroupID

G _____ **Name of the Group :** _____

Business Number (BN)

859039307 **Name of the business** Zara Kanji & Associates

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**.
If you authorize your representative for **online** access and have a "**care of**" address, you will receive a letter to confirm the authorization.

or

B. Authorize access by telephone, in person, and in writing (no online access)

Enter the full name of the individual or business you are authorizing. If you do not identify a specific representative from that business, you will be authorizing the CRA to deal with any representative from that business.

Individual

First name: _____ Last name: _____

Name of business: _____

Telephone: _____ - _____ Ext: _____ Fax: _____ - _____

Tick the appropriate box and indicate the level of authorization:

All tax years (past, present, and future) **Level of authorization** (specify either level 1 or 2): If you **do not specify** a level of authorization, we will **assign a level 1**.

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								

(Vous pouvez obtenir ce formulaire en français à www.arc.gc.ca/formulaires ou en composant le **1-800-959-7383**.)



Part 3 – Authorization expiry date

Enter an expiry date, if applicable, otherwise the authorization will stay in effect until **you** or **your representative** cancels it or we are notified of your death. _____

Part 4 – Cancel one or more existing authorizations

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

Cancel **all** authorizations.
or

Cancel the authorizations given for the individual, group or business identified below:

RepID

G

Business Number (BN)

First name: _____ **Last name:** _____ **GroupID**

Name of the Group: _____

Name of business: _____

Part 5 – Signature and date

If you are the **taxpayer**, you must **sign** and **date** this form. If you are the **legal representative**, you must **tick** the box below, and **sign** and **date** this form.

I am the legal representative for this taxpayer or estate/trust (executor/administrator, power of attorney, the legal guardian or the trustee or custodian of this trust account).

Important: You must send a **complete** copy of the **legal document** giving you the authority to act in this capacity to the taxpayer's tax centre. Read the attached information sheet for tax centre addresses.
If **two or more** legal representatives are acting **jointly** on the taxpayer's behalf, **each** representative must sign below.

Print name of taxpayer or legal representative

Date of signature

Signature of taxpayer or each legal representative, a parent if taxpayer is under the age of 16, a witness when signed with a mark

If your representative has not electronically submitted this form on your behalf then it must be submitted **within six months** of the date of signature. If not, it will not be processed.

Privacy Act, Personal information bank number CRA PPU 175



