



Chartered Professional Accountant

1315 Lawrence Ave East, Unit 404 Toronto, ON M3A 3R3 P: 416-755-5554 F: 416-755-7382

US Taxes - Client Intake Form

Personal Information

	Full Name	SSN	Date of Birth (DD/MM/YYYY)	M / F
Client				
Spouse				
Dependent 1				
Dependent 2				

Marital Status: Single Married Common Law Separated Divorced Widowed

Filing Status: Single Married (jointly) Married (sep) Head of household Widow(er)

Citizenship Status / Residency Status in US / Other Info

Citizen	<input type="checkbox"/>	Resident of US	<input type="checkbox"/>
Greencard Holder	<input type="checkbox"/>	Non Resident of US	<input type="checkbox"/>
Investor	<input type="checkbox"/>	Note: If you are a citizen or greencard holder and living anywhere in the world, you are considered a US resident.	
Work visa holder	<input type="checkbox"/>		

If you are filing as non-resident of the US:

How many days did you spend in the US for any purpose (business / pleasure)? _____

Complete schedule OI which is part of 1040NR (go through this schedule with the client)

Complete form 8840 "closer connection statement" (go through this schedule with the client)

If you are filing as US resident:

Are you filing state taxes? Yes No If yes, which state?

Are you filing city taxes? Yes No If yes, which city?

Have you paid foreign taxes (taxes to countries other than the US)? Yes No

If yes, provide details (which country, amounts, dates when paid):

Do you wish to apply for the additional child tax credit (schedule 8812)? Yes No

For US residents, who live in Canada:

You must include all income from Canadian sources including employment, self-employment, rental income, investments, unemployment benefits, and all other taxable incomes.

If you own more than 9% of a Canadian corporation, you may have to report activities on **Form 5471**.

If you have an RRSP/TFSA account in Canada, you may have to report these assets on TD F 90 - 22.1 **FBAR**.

If you are a trustee / beneficiary of a trust, you may have to report these activities on Form 3520-A.

To report health coverage exemption, use **Form 8965**.

Property Income

Do you own a property in the US? Yes No

Do you own a property outside US? Yes No

Did you sell any real estate prop? Yes No

FMV _____

Is this a rental property? Yes No

FMV _____

Is this a rental property? Yes No

Any other incomes? Yes No

Income Sources

Do you have income from / are you?

Employment

Commission based

Investments

Social security

Rental income use WS

Self employed use WS

Please provide us with the documents that apply to you from the following list:

Income documents

W-2 form

1099-MISC commission and other earnings

Schedules K-1

1042-S scholarship / fellowship grants

Director's fees

Profit sharing income

1099-R pension/IRA/annuity income

1099-SSA social security

RRB-1099 railroad retirement board income

1099-INT / 1099-OID interest income

1099-DIV dividend income

1099-B / 1099-S income from stock sale

1099-B income from real estate sale

1099-G unemployment, state tax refund

W-2G gambling income

Alimony or child support received

1099-SA health savings account

1099-LTC long term care reimbursements

Jury duty records / hobby income / prizes & awards

Other income (1099)

Itemized Deductions

Childcare records

Realty taxes paid

Mortgage interest paid (form 1098)

Donations: cash & non cash

Educator expenses

Tax preparation fees

Medical expenses

Health insurance (1095-A/B/C)

Tuition fees paid (1098-T)

Student loan interest (1098-E)

Investment expenses

Investment interest

Moving expenses

State and local taxes paid

Estimated tax payments (1040ES)

Health savings account (5498-SA)

IRA contribution (5498)

Other 5498 series (5498-QA / ESA)

Health coverage exemption form 8965

Other deductions

New Client Acceptance Checklist

Has client integrity been considered? Yes No N/A

Has the client's reputation/image been considered? Yes No N/A

Has the client's business acumen been considered? Yes No N/A

Do we have internal competence to perform engagement? Yes No N/A

Do we have internal resources to complete and deliver work on time? Yes No N/A

Independence - Non-assurance: no significant threats to independence? Yes No N/A

Is our firm free of any conflicts of interest with the client? Yes No N/A

Are there any issues to the collection of professional fees? Yes No N/A

Have we screened the client? Initial assessment to move forward? Yes No N/A

Decision made to accept client Accept Decline