

Accounting & Taxes - Changes / Updates Form

Significant Changes

Please let us know if there have been significant changes in your life during the last year that may affect your accounting and/or tax situation. Following is a list of possible significant changes:

Yes No

| Yes | No | |
|--------------------------|--------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your phone number or email contact change? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you move in / move out of Canada? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your marital status changed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your last name changed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has there been an addition in your family (birth, adoption, elder care)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has there been a death in your family? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your home address change? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy / sell your principal residence? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase an investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you withdraw from RRSP under HBP / LLP? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a new job? Did you switch jobs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start / finish post-secondary education? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you a recipient of employment insurance benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you a recipient of any disability support payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any donations to any charitable organizations? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur childcare expenses? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any investment income (rental, dividends, interest, gains)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there any income (investment, business, etc) from the US? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you acquire any foreign investments? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you become self-employed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change in employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you qualify for retirement and start receiving pension incomes? |