

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

Appointment Date: _____ Time: _____ AM PM

Name:		Phone:	
Address:		Cell/Bus:	

Marital:		DOB:		SIN:		Email:	
Spouse:		DOB:		SIN:		Email:	

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

RRSP/Limit:		HBP Repay:		LLP Repay:		Disability Credit:	
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Carry F/W's	Charitable Donations:		Student Loan Int.		RRSP:		Tuition:		Capital Losses:	
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RRSP Contribution: _____ Tuition (T2202): _____ Tradesperson Labour Mobility: _____

Child Care: _____ Caregiver: _____ Donations: _____

Moving Expenses: _____ Medical Expense/Insurance: _____ 1st Home Svgs Acct Deposit): _____

Student Loan Interest: _____ Carrying Charges: _____ COVID Wk@Home (2020-22): _____

Employment Exp. (T2200): _____ Seniors Public Transit: _____ Adoption Expenses: _____

Fire/Rescue Volunteer: _____ Educator's Credits: _____ Home Accessibility Reno: _____

Property Tax Paid: _____ Spousal Support Paid/Rec'd: _____ Other Dues: _____

Rent Paid: _____ Addr/PaidTo: _____ Digital Subscriptions: _____

T3: _____ T4A: _____ T4E: _____ T4PS: _____ T5: _____ T5007: _____ T5008: _____

CPP / OAS: _____ Foreign Income: _____ Foreign Assets > \$100K: _____

Capital Gains/Losses: _____ RRSP/RIF Withdrawal: _____ Pension Splitting: _____

1st-Time Home Buyer: _____ Sold Home (Amt/Year): _____ Tax Installments Pre-Paid: _____

Start/Chg Direct Deposit: _____ Bank Transit Number: _____ Bank Account Number: _____

Other / Notes: _____ Referral/Discount: _____

Declaration: I hereby certify that all of the information provided on this form is 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-filing contact with the Canada Revenue Agency is my own responsibility and that advertised Efile refund times of approximately two weeks are only estimates. Sometimes, the original documents must be sent to the Canada Revenue Agency for review before income 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: _____ Meals & Entertainment: _____ Auto (see below): _____

Insurance: _____ Loan Interest/Credit Line: _____ Travel: _____

Rentals: _____ Business Tax/License/Dues: _____ Office Expenses: _____

Supplies: _____ Accounting/Legal Fees: _____ Bank Charges: _____

Courier/Freight: _____ Maintenance: _____ Salaries: _____

Telephone: _____ Internet / Website: _____ Other: _____

Automobile Expenses:

Business KM's: _____ Total Annual KM's: _____ Business/Personal Use Ratio: _____

Gas & Oil: _____ Loan Interest Charges: _____ Insurance: _____

License: _____ Repairs & Maintenance: _____ Lease Payments: _____

Parking / ETR: _____ Car Washes/Auto Club: _____ Reimbursements: _____

Capital Cost Allowance (Depreciation):

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

Rental Income:

Address: _____ Fiscal Period: _____ Gross Income: _____

Rental Area (sq'): _____ Total Area (sq'): _____ Rental/Personal Ratio (%): _____

of Units: _____ Advertising: _____ Insurance: _____

Interest : _____ Shared Maintenance: _____ 100% Maintenance: _____

Accting/Prep Fees: _____ Property Taxes: _____ Utilities: _____

Home Expenses:

Business Area (sq'): _____ Total Area (sq'): _____ Business/Personal Ratio (%) : _____

Heat: _____ Electricity: _____ Insurance (COMM): _____

Maintenance: _____ Mortgage **INTEREST**: _____ Property Tax/Rent (COMM): _____

Water/Sewer: _____ Water Heater Rental: _____ Internet Access: _____