



OLAFSON & JONES

Personal Income Tax Control Sheet

Current Client

| | | |
|--|-----|----|
| ELECTRONIC DELIVERY? | YES | NO |
| DATE SUBMITTED: _____ | | |
| How many returns are we preparing? _____ Year (s)? _____ | | |

Client Name: _____

Please fill out below:

1. Has your primary residence changed in 2019? YES NO
 If yes, please provide your: date of move: _____
 New address: _____
 Sale price and year of purchase (if you owned previously) _____

2. Has your marital status changed in 2019? YES NO
 If yes, please indicate the date of change: _____

3. Have you had any children in 2019 or 2020? YES NO
 If yes, please provide the date of birth: _____
 Full name: _____

4. If you are married or common-law and we are not preparing your spouse's tax return, please provide:
 Spouse's full legal name: _____
 Spouse's date of birth: _____ Spouse's SIN: _____
 Spouse's taxable income for the current tax year : _____

5. At any time in 2019, did you hold foreign property with a value of over C\$100,000.00? Yes No

Contact Information

Main phone number: _____ Type: _____

Secondary phone number: _____ Type: _____

Email: _____

Please indicate your preferred method of contact: Main phone number Secondary phone number Email