



## RETURNING CLIENT UPDATE FORM

### Basic Information Changes

Previous Name:	
Updated Name:	
Updated Address:	
Updated Phone:	
Updated Email:	
Marital Status	

*If this status changed during the tax year please indicate date:*

### Spouse Information – only required if we have not previously done their returns

Legal Name	
SIN	
Address	
Phone	
Date of Birth	
Email	

I consent to my personal information being maintained in a joint client file with my spouse, and being disclosed to my spouse. *Requires signature of spouse if selected.*

_____	_____	_____
Client Name	Signature	Date
_____	_____	_____
Client Name	Signature	Date



Hoffman Professional Services

**Dependent Information** – *Please tell us about your new dependents*

Legal Name	
SIN	
Date of Birth	
Relationship	
Legal Name	
SIN	
Date of Birth	
Relationship	

**Please check all that apply:**

<input type="checkbox"/>	Child support received for any above listed dependents? If so how much:
<input type="checkbox"/>	Child care paid for any above listed dependents? If so how much per child:
<input type="checkbox"/>	Any of the above listed dependents eligible for the disability tax credit? If so please indicate which dependent:

**New Tax Situations**

Please check all that apply

Spouse 1    Spouse 2

<input type="checkbox"/>	<input type="checkbox"/>	New self-employed income (business, farm, rentals, etc)
<input type="checkbox"/>	<input type="checkbox"/>	RRSP contributions
<input type="checkbox"/>	<input type="checkbox"/>	First time home buyer in last year
<input type="checkbox"/>	<input type="checkbox"/>	New annual or union dues
<input type="checkbox"/>	<input type="checkbox"/>	Disability tax credit – please forward us the approval letter sent by CRA
<input type="checkbox"/>	<input type="checkbox"/>	New/changed alimony payments received or paid
<input type="checkbox"/>	<input type="checkbox"/>	New volunteer firefighter
<input type="checkbox"/>	<input type="checkbox"/>	Medical expenses not covered by insurance