

# Client Income Tax Questionnaire

## Tax Year 2025

## Part 1: General Information

Yourself					
FIRST NAME		LAST NAME	DATE OF BIRTH (DD-MM-YYYY)		
SOCIAL INSURANCE NUMBER					
MAILING ADDRESS: APT. NUMBER - STREET NUMBER AND NAME			CITY		
			PROVINCE		
POSTAL CODE	PHONE NUMBER	PHONE (OTHER):	EMAIL		
MARITAL STATUS					
<input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON LAW <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE					
Did your marital status change in 2025?		<input type="checkbox"/> YES, Date (DD-MM-YYYY): <input type="checkbox"/> NO			
Do you want a printed hard copy of your tax paperwork ( <i>\$5 Paper Fee applies</i> )?		<input type="checkbox"/> YES <input type="checkbox"/> NO, Email me a digital copy			

**Your Spouse — Spouse and Common Law returns should be filed together.**

FIRST NAME	LAST NAME	SOCIAL INSURANCE NO.
DATE OF BIRTH (DD-MM-YYYY)	EMAIL	PHONE NUMBER

If your spouse is not filing a tax return with our organization, indicate his/her net income for 2025.

**Part 2: Check any of the following that you received income from in 2025**

- T4 - Employment Income
- T4RSP - RRSP Income
- T4RIF - RRIF Income
- T3 - Trust Income
- T5008 - Capital Gains
- T5 - Dividends
- T4E - Employment Insurance Benefits
- T4PS - Employee Profit Sharing Plan
- T5007 - Social Assistance
- T4OAS - Old Age Security
- T4AP - Canada Pension
- Sch 3 - Capital Gains/Losses
- T5007 - Worker's Compensation
- Tips or Gratuities
- Rental Income
- Self-Employment Income
- Commission Income
- Other:

### Part 3: Check any of the following that you have paid in 2025

- Donations
- Medical Expenses  
(including payments for medical plans or travel insurance)
- Interest on Student Loan
- Property Taxes or Rent
- Investment Income Expenses  
(including loan interest on money borrowed)
- Employment Expenses
- Child Care
- Installments on Income Taxes
- Moving Expenses (moving for work, business, or school)
- Employment Insurance Repayments
- RRSP Contribution
- Other:

## Part 4: Tax Filing Questions

	Yourself	Your Spouse
1. Are you a Canadian citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Do you authorize Canada Revenue to give your name, address, and date of birth to Elections Canada?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Did you become a resident, or cease to be a resident of Canada, during 2025?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Did you own any property outside of Canada with a total cost of \$100,000 CAD or over?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Did you or anyone living with you have a disability that restricts in any way? <i>If unsure, see us for more info.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Did you dispose of a property ( <i>or properties</i> ) in 2025 for which you are claiming a principal residence exemption?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## Part 5: List any children or dependents

FULL NAME	RELATIONSHIP <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	DATE OF BIRTH (DD-MM-YYYY)
1. Was your home the child's principal residence?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Did this child earn income in 2025?
2. Did you pay or receive child support for this child in 2025?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Will anyone else be making a claim for this child?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how much? \$ _____
4. Did this child attend school full or part-time in 2025?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Did this child pay tuition fees in 2025?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Did you pay anyone to care for this child in 2025?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Child's SIN: _____

FULL NAME	RELATIONSHIP <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	DATE OF BIRTH (DD-MM-YYYY)
1. Was your home the child's principal residence?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Did this child earn income in 2025?
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3. Will anyone else be making a claim for this child?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how much? \$ _____
4. Did this child attend school full or part-time in 2025?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Did this child pay tuition fees in 2025?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Did you pay anyone to care for this child in 2025?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Child's SIN: _____

### Recommended items for a new client

- Supply us with your last year's Notice of Assessment from Revenue Canada (If applicable)
- Schedule your **1 Hour Free Initial Consultation**

I certify that the information given above, and in any document I turn over, is correct, complete and fully discloses all my income. It is a serious offence to make a false statement on a return.

SIGNATURE	DATE (DD-MM-YYYY)
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How did you hear about us?

**Do you have a Will?**  YES     NO

<b>OFFICE USE ONLY</b>	
DROPPED OFF ON (DD-MM-YYYY)	ACCEPTED BY
ENTERED IN PROFILE BY	ON THE DATE (DD-MM-YYYY)