

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 (\$5 Paper Fee applies)?		<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

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

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

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

Part 4: Tax Filing Questions	Yourself		Your Spouse	
1. Are you a Canadian citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<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	<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	<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	<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	<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?				

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	Child's SIN: _____	
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		

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DROPPED OFF ON (DD-MM-YYYY)	ACCEPTED BY
ENTERED IN PROFILE BY	ON THE DATE (DD-MM-YYYY)