**2024** Personal Income Tax Questionnaire

This questionnaire is designed to assist you in compiling the information necessary to prepare your **2024** tax return. Please attach this form to your documentation.

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| Client Name: |  |

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| --- | --- | --- | --- |
| Date of Birth: |  | S.I.N.: |  |

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| --- | --- | --- | --- | --- | --- |
| Telephone: |  | Fax: |  | Email: |  |

Please indicate address:

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| --- | --- |
| Marital status (if changed in **2024**, indicate change and date) |  |

New family members:

|  |  |
| --- | --- |
| Name: |  |
| Date of birth: |  |
| Date of adoption: |  |

**Sale of principal residence**: If you have sold your principal residence during **2024**,

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| --- | --- |
| provide Year of Acquisition and Gross Sale Proceeds. |  |

**Would you prefer digital copies of your personal tax return?** If yes, please include

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| e-mail address: |  |

Please check items attached:

Note: Ensure all information slips are provided with your return. Canada Revenue Agency’s process of matching information slips to tax return is very accurate. In certain circumstances, unreported income can be penalized up to 20% of the unreported amounts.

Details of foreign property, other than personal-use property, if aggregate cost at any time during the year is in excess of $100,000, as well as any investment in “foreign

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| affiliates” |  |

**Income**

Employment – T4

Old Age Security – T4A(OAS)

Canada Pension Plan benefits – T4A(P)

Retirement Income – T4A for pensions, T4RSP, T4RIF (Attach details of spouse’s income to determine if pension splitting is beneficial)

Employment Insurance – T4E

Canada Recovery Benefit (CRB)/Canada Recovery Sickness Benefit (CRSB)/Canada Recovery Caregiving Benefit (CRCB) –T4A

Interest, Dividends and other Investment Income – T5/T600

Mutual Funds and other Trust Income – T3

Limited Partnership – T5013

Partnership or joint venture income

Business or Professional – Financial Statements or T5013

Income from a profit-sharing plan

Income from Social Assistance

Rental Property (attach details of income, expenses, purchases and sales)

If assets have been purchased for use in the business, or loans incurred for business purposes, provide appropriate documents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cryptocurrency (provide details of transaction summary)

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| Capital Gains/Loss |  |

Did you dispose of any capital properties this year? (Attach copies of sales detail and original purchase documentation.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alimony (provide copy of post-April 30, 1997, agreement or election, if changed or not previously provided) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Separation allowances or child maintenance

Pension income from foreign sources

Other Income (e.g., stock options, annuities, scholarships, bursaries, research grants, RRSPs/RIFS – attach T4RSP, Workers’ Compensation benefits)

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**Deductions**

Registered Retirement Savings Plan contributions (attach receipts)

Attach T10 – Personal Adjustment Reversal, if you received one.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Home Savings Account contribution (attach T4FHSA) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual union, professional dues (attach receipts) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendant care expenses (attach receipts) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allowable business investment losses (refer to Capital Gains/Losses above)

Moving expenses (attach receipts). Indicate distance moved to new employment

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Child care expense (attach receipts):

For individual child care providers, include S.I.N. and address

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| For summer camps, indicate number of weeks in-residence |  |

Alimony or separation allowances paid (include name(s) and address(es) of recipients; attach copy of agreement or court order for spousal support which was signed on or after May 1, 1997, or election, if changed or not previously provided)

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|  |

Commission and employment expenses (include details and T2200 or TL2)

Carrying charges (interest on money borrowed to earn investment income, investment counsel fees, interest for limited partnership) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Digital news subscription (attach receipts) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other deductions and expenses (attach receipts) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal and provincial political contributions (attach receipts) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charitable donations (attach receipts) (provide details of gifts in kind, e.g., securities) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical expenses (attach receipts) and details of private health insurance premiums, including amounts paid while traveling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability deduction for you or dependant (if first-time claim, attach T2201 signed by physician) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adoption expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition fees (attach T2202/T2202A including amounts that can be transferred from dependent)

Details of public transit passes (Eligible for those age 65 at the beginning of **2024**)

Labour-sponsored funds – T5006

Expenses qualifying for investment tax credits (e.g., film and video productions, resource expenditures re: mining or oil and gas)

Interest paid on student loans (attach reporting slip) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are a teacher or early childhood educator, provide a summary of eligible supplies to a maximum of $1,000 in the calendar year. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For wholly dependent persons, please attach list and indicate for each dependant:

|  |  |
| --- | --- |
| Client Name: |  |
| Address if different: |  |
| Relationship: |  |
| Birth date: |  |
| S.I.N.: |  |
| Net income: |  |
| Infirmity, if any: |  |

**Other**

**2024** instalments (attach February **2025** notice). Total remitted: $ \_\_\_\_\_\_\_\_\_

Attach copy of **2023** assessment notices and other correspondence from the CRA

Amount of any contributions to or distributions from, or loans to or from foreign trusts in **2024** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate whether you wish to split pension income with spouse to reduce combined income tax:

Yes:  No:

Indicate whether you are a U.S. citizen or Green Card holder:

Yes:  No: