

## 2024 Personal Tax Questionnaire

	Province of Residence on Dec 31 <sup>st</sup> :
	Marital Status:
First and Last Name	Date of change (if applicable):
Mailing Address	Physical and/or alternative mailing address:

Phone #:	DOB:
Email (1):	SIN:

**(1)** Do you want to be added to our newsletter email list? **YES**  **NO**

Please review and update the information on this questionnaire as you prepare for your 2024 income tax return. We respectfully request that you drop off your tax information no later than April 15<sup>th</sup> to ensure your return is filed on time.

If you need us to compile information for your farm, business, or rental property you will need to make arrangements prior to March 15<sup>th</sup> to ensure we have time to compile your data accurately and file your return on time.

### **NORTHERN RESIDENTS DEDUCTION**

Please indicate below which individuals lived in your household during the year.

Spouse & Dependents		Period in Household	DOB	SIN
	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

DATE: \_\_\_\_\_ INTERVIEWEE: \_\_\_\_\_ INTERVIEWER: \_\_\_\_\_

<b>PRINCIPAL RESIDENCE:</b>	<b>YES</b>	<b>NO</b>
Did you sell your principal residence during the year? <i>If yes, please provide details.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase your first home in the year? <i>If yes, please provide details.</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>CITIZENSHIP:</b>	<b>YES</b>	<b>NO</b>
Are you a Canadian citizen?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you authorize CRA to give your name, address, and date of birth to Elections Canada to update National Register of Electors?	<input type="checkbox"/>	<input type="checkbox"/>

<b>FOREIGN CONNECTIONS:</b>	<b>YES</b>	<b>NO</b>
Did you own any foreign property with a cost of \$100,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>
Were you in the US more than 4 months during the year?	<input type="checkbox"/>	<input type="checkbox"/>

<b>DISABILITY TAX CREDIT:</b>	<b>YES</b>	<b>NO</b>
Do you or any of your dependents qualify for disability tax credit?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a caregiver for an infirm family member/dependent?	<input type="checkbox"/>	<input type="checkbox"/>

<b>GST:</b>	<b>YES</b>	<b>NO</b>
Are you registered and/or do you collect GST from customers?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are we filing your GST return? <i>GST#: Filed by client already</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>DIRECT DEPOSIT:</b>	<b>YES</b>	<b>NO</b>
Has your banking information changed in the last year? <i>If yes, please inform us.</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>CANADA DENTAL BENEFIT</b>	<b>YES</b>	<b>NO</b>
If your adjusting family net income is under \$90,000 the Canada dental benefit provides an up-front, tax-free payment to cover dental expenses for children under the age of 12. <i>You can apply using our CRA' My Account. Do you want information?</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>MOVING:</b>	<b>YES</b>	<b>NO</b>
Did you move during the year? <i>Date:</i>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was the move work related?	<input type="checkbox"/>	<input type="checkbox"/>

<b>VOLUNTEER FIREFIGHTER OR SEARCH &amp; RESCUE:</b>	<b>YES</b>	<b>NO</b>
Are you a volunteer firefighter or search and rescue volunteer? <i>If yes, please provide letter from your municipality.</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>TUITION TRANSFER:</b>	<b>YES</b>	<b>NO</b>
Did you have any children in college/university during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are you claiming any of the tuition?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, will our office be preparing their tax return?	<input type="checkbox"/>	<input type="checkbox"/>

<b>HOME ACCESSIBILITY EXPENSES</b>	<b>YES</b>	<b>NO</b>
Did you renovate your home to gain access to, or be mobile or functional within OR to reduce the risk of harm gaining access to or within your home?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, Are you over 65 years of age or eligible for the disability tax credit?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, Do you, your spouse or a relative own your home?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes to all three questions you might qualify for a tax credit		