

2025 Personal Tax Questionnaire

	Province of Residence on Dec 31 st :
	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**

Northern Residence Deduction - Please indicate who is living with you in your residence during 2025 and who you want to claim the deduction:

- I will claim the deduction
- Determine the best claim possible

- _____ _____
- _____ _____
- _____ _____

Other Information you feel is important:

DATE: _____ INTERVIEWEE: _____ INTERVIEWER: _____

PRINCIPAL RESIDENCE & OTHER HOUSING DISPOSAL:	YES	NO
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"/>
Did you dispose of a housing unit (including rental property) in 2025?	<input type="checkbox"/>	<input type="checkbox"/>

CITIZENSHIP:	YES	NO
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"/>

FOREIGN CONNECTIONS:	YES	NO
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"/>

DISABILITY TAX CREDIT:	YES	NO
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"/>

GST:	YES	NO
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"/>

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

CANADA DENTAL BENEFIT	YES	NO
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"/>

MOVING:	YES	NO
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"/>

VOLUNTEER FIREFIGHTER OR SEARCH & RESCUE:	YES	NO
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"/>

TUITION TRANSFER:	YES	NO
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"/>

HOME ACCESSIBILITY EXPENSES	YES	NO
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		