

2025 Tax Season Questionnaire/Checklist

SECTION 1: PERSONA INFORMATION

1. Please enter your personal information

	<i>Tax Payer</i>	<i>Spouse</i>
Name		
SIN		
Date of Birth		
Phone Number		
Address		
Amount on Line 23600 from Spouse's 2025 tax return <i>(only if spouse did not file for bankruptcy)</i> <i>Required by Canada Revenue Agency; This information is held in confidence; used only for the purposes of filing your taxes</i>		

2. Are you a Canadian Citizen? Yes: No:
If no, what is your status? _____

3. What was your marital Status as of December 31st,

Married 2025? Divorced Separated
Single Widowed Common-law

4. Has your marital status changed at any time in 2025? Yes: No:
If yes, what date? _____

5. Please list all your dependents including those over the age of 18 that you claim for taxes.

	Name	Relationship (EG: Daughter, Son, Mother, etc.)	Date of Birth	Net income	Approved to claim the Disability Tax Credit
Dependent # 1					Y <input type="checkbox"/> N <input type="checkbox"/>
Dependent # 2					Y <input type="checkbox"/>
Dependent # 3					Y <input type="checkbox"/> N <input type="checkbox"/>
Dependent # 4					Y <input type="checkbox"/> N <input type="checkbox"/>
Dependent # 5					Y <input type="checkbox"/> N <input type="checkbox"/>

SECTION 2: INCOME

6. Please check all sources of income you received in 2025

For all checked boxes please attach the requested form, receipt or worksheet

Please check	ITEMS				Forms or Worksheet	
	EMPLOYMENT INCOME <i>Please list ALL employers in 2025 – use separate sheet if necessary</i>	All Year (check)	Or	Start Date DD/MM/YYYY	End Date DD/MM/YYYY Or Current	
	1. 2. 3. 4. 5.		Or Or Or Or Or			T4 T4 T4 T4 T4
	Self-employment Income <i>Contact our office for the Statement of Business Income and Expense or complete Form T2125 available on CRA website. https://www.canada.ca/en/revenue-agency.html</i>	<input type="checkbox"/>	Or			Form T2125 or Statement
	Employment Insurance Benefits	<input type="checkbox"/>	Or			T4E
	Canada Recovery Benefits (CRB, CRCB, CWLB or CRSB)	<input type="checkbox"/>	Or			T4A
	Canada Pension Plan Benefits	<input type="checkbox"/>	Or			T4A(P)
	Old Age Security Benefits	<input type="checkbox"/>	Or			T4A(OAS)
	Retirement Income, including Private or Govt pensions	<input type="checkbox"/>	Or			T4RIF, T4A
	Pension income from foreign sources Country: _____	<input type="checkbox"/>	Or			Total: \$ _____ Specify currency
	Investment income/Capital Gains/Losses	<input type="checkbox"/>	Or			T5, T3, Statement
	Rental Income <i>Contact our office for a Statement of Rental Income and Expenses or complete Form T776 available on CRA web site https://www.canada.ca/en/revenue-agency.html</i>	<input type="checkbox"/>	Or			Form T776 or Statement
	Did you receive Spousal Support? Tot Amt: \$ _____ Child support? Tot Amt: \$ _____ <i>Spousal Support - Please provide MEP Statement, letter from recipient with name, address & SIN or receipts/ cancelled cheques (front & back)</i>	<input type="checkbox"/>	Or			Proof of Payment (only for Spousal support)
	Other Income. Please specify _____ <i>E.g.: Social Assistance, Workers Compensation, tips, gratuities, cash jobs, etc.</i>	<input type="checkbox"/>	Or			T5007 or Total Amount \$ _____
	Did you withdraw funds from an RRSP? <i>Please provide details of withdrawal(s) including date(s), amount(s) and tax withheld at source.</i> Date: _____ Gross Amt: _____ Tax withheld: _____ Home Buyers Plan & Life Learning Plan – 2025 Required Repayment: \$ _____					T4RSP, Statement

SECTION 3: DEDUCTIONS

7. Please check the items that apply to you in 2025

For any checked boxes please attach the requested Form or receipt.

Please check	ITEMS	FORMS OR RECEIPTS
<input type="checkbox"/>	Made contributions to an RRSP	Receipt(s)
<input type="checkbox"/>	Paid annual UNION OR PROFESSIONAL DUES <i>Other than dues reported on your T4</i>	Receipt(s)
<input type="checkbox"/>	CHILD CARE EXPENSES <i>All day care or camp receipts are required. If an individual is providing the care, THEY MUST PROVIDE THEIR SIN or the expense will not be claimed.</i> Name of Caregiver: _____ Address of Caregiver: _____ SIN of Caregiver: _____	Receipt(s)
	SPOUSAL OR CHILD SUPPORT payments made Are you current with child support payments? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what is the current amount of arrears? _____ Total Spousal Support Paid: \$ _____ (<i>must provide receipts</i>) Total Child Support Paid: \$ _____	Spousal Support - Copy of the Court Order, Judgement, or written agreement, along with any subsequent revisions
<input type="checkbox"/>	EMPLOYMENT EXPENSES <i>If you were required to incur employment expenses to earn salary or commissions and you were not reimbursed by your employer, please provide Form T2200 completed by your employer. Please also provide Form T777 – employment expenses; available on the CRA website.</i> https://www.canada.ca/en/revenue-agency.html	Form T2200 and Form T777
<input type="checkbox"/>	MEAL AND LODGING EXPENSE <i>If you were employed as a LONG-HAUL TRUCK DRIVER (away from Home Terminal more than 24 consecutive hours) or a SHORT-HAUL TRUCK DRIVER (away from Home Terminal more than 12 consecutive hours), Please provide Form TL2 completed by your employer along with a summary of days/trips, average hours per trip and the number of meals per day. Form TL2 is available on the CRA website</i> https://www.canada.ca/en/revenue-agency.html	Form TL2
<input type="checkbox"/>	MEDICAL EXPENSES <i>Please provide Pharmacy printout; PLEASE NOTE: WE WILL NOT RETRIEVE RECEIPTS THAT YOU ALREADY SUBMITTED WITH YOUR MONTHLY INCOME AND EXPENSE STATEMENTS</i>	Pharmacy Printout(s)
<input type="checkbox"/>	MEDICAL TRAVEL EXPENSES <i>Please provide a copy of the Doctor's note with date and location of medical appointment required to attend. Please provide copies of receipts for any lodging or meal expenses to be claimed.</i>	Doctor's Note and Receipt(s)
<input type="checkbox"/>	ARE YOU ELIGIBLE TO CLAIM THE DISABILITY TAX CREDIT? <i>You must have been approved by Canada Revenue Agency or, if you are applying for the first time, please attach Form T2201 completed by you and your Doctor. Form T2201 is available on the CRA website.</i> https://www.canada.ca/en/revenue-agency.html	Form T2201 (only if you are applying for the first time)

<input type="checkbox"/>	CHARITABLE DONATIONS	Receipt(s)
<input type="checkbox"/>	TUITION FEES <i>Please provide Form T2202 completed by the educational institution you attended.</i>	Form T2202
<input type="checkbox"/>	INTEREST PAID ON STUDENT LOANS	Official Receipt(s)
<input type="checkbox"/>	MOVING EXPENSES <i>If you moved your residence at least 40 KM for new employment in 2025, please provide a completed Form T1-M and receipts for movers or rental used for moving. Please also provide the following information: Date of the move: _____ Former Address: _____ Former employer's address: _____ Current employer's address: _____ Form T1-M is available on the CRA website. https://www.canada.ca/en/revenue-agency.html</i>	Form T1-M and Receipt(s)
<input type="checkbox"/>	OTHER DEDUCTIONS YOU ARE ELIGIBLE TO CLAIM <i>Please specify: _____ EG: Volunteer Firefighter or Search and Rescue Claim, Federal and/or Provincial political contributions, Attendant Care expenses</i>	Proof of Claim and/or Receipt(s)

SECTION 4: OTHER INFORMATION

8. Did you sell, transfer full or partial ownership and/or return to the creditor any Real Property in 2025? Yes No

If Yes, please answer the following questions:

Address of the Property	
Year property was purchased	Purchase Price of Property? \$ _____
Sale Price of property	
Was the property your principal place of residence for all years owned?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the Property ever rented?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, years?

9. Did you make installment payments to the CRA for the 2025 Tax Year? Yes: No: If yes, how much did you remit? \$ _____

10. Check this Box if you had zero income since you filed for bankruptcy in 2025 and you wish us to complete a NIL post-bankruptcy tax return for you.

ACKNOWLEDGEMENT

I acknowledge that the above is my tax information for the 2025 tax year as witnessed by my signature and I understand that my 2025 tax return will be prepared without audit based on the information provided in this tax questionnaire.

Print name: _____

Signature: _____

Date: _____