

CLIENT INFORMATION

for Tax Year 2025 or other _____

Are you a previous client of the Tax Shelter	Y/N
Have you authorized the Tax Shelter with CRA	Y/N
Is this your first tax return	Y/N Middle name _____
Are you a New Canadian:	Y/N Date arrived _____

First Name _____ Last Name _____

Social Insurance number _____ Date of Birth _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Phone number (s) _____ Province of Residence on Dec 31 _____

Marital status on Dec 31 (circle)

married common-law widowed divorced separated single

Did your marital status change in the year? Y/N Date: _____

For married or common-law, provide spouses info below:

First Name _____ Last Name _____

Social Insurance number _____ Date of Birth _____

Are we doing your spouse's return? Y/N If no, provide spouse's net income _____

Children or other dependants

Name	Date of Birth	Relationship (if other than child)

Questions to help us prepare your tax return thoroughly (check any that are applicable)

- Have you been approved for the Disability Tax Credit Self Spouse Dependant
- Did you sell your home, cabin, rental (please specify)
- Do you own more than \$100,000 in foreign property (house, stocks, other investments, etc.)
- Did you open a First Home Savings account
- Are you Self Employed (includes income from Skip the dishes, Doordash & Uber)?
- Do you have Foreign Employment Income
- Are you a student
- Is the taxpayer deceased
- Other information _____

Signature: _____

Date: _____