

## IDENTIFICATION & CONTACT INFORMATION (PRIMARY CONTACT)

FULL NAME: \_\_\_\_\_ SIN: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 BIRTHDAY: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
mm/dd/yy

## SPOUSE INFORMATION

FULL NAME: \_\_\_\_\_ SIN: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 BIRTHDAY: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
mm/dd/yy

## DEPENDANT(S)

FULL NAME: \_\_\_\_\_ SIN: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_  
mm/dd/yy  
 Attending post-secondary?  Yes  No  
 Disability Tax Credit?  Yes  No

FULL NAME: \_\_\_\_\_ SIN: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_  
mm/dd/yy  
 Attending post-secondary?  Yes  No  
 Disability Tax Credit?  Yes  No

FULL NAME: \_\_\_\_\_ SIN: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_  
mm/dd/yy  
 Attending post-secondary?  Yes  No  
 Disability Tax Credit?  Yes  No

## OTHER INFORMATION

FULL ADDRESS: \_\_\_\_\_ PREVIOUS ADDRESS: \_\_\_\_\_  
(if moved during the year)

MARITAL STATUS: \_\_\_\_\_ DATE OF MOVE: \_\_\_\_\_  
(as of Dec 31, 2024) mm/dd/yy

Date of change in Marital Status: \_\_\_\_\_  
mm/dd/yy

Preferred delivery method of COMPLETED tax Return(s):  Portal  Email  Mail  Pick up



## CRA QUESTIONS

1. Would you like to sign up for CRA online mail?  Yes  No
2. Do you authorize CRA to give your name, address, date of birth and citizenship to Elections Canada to update the National Register of Electors?  Yes  No
3. If you became or ceased to be Canadian resident last year, enter the date of entry or departure: \_\_\_\_\_  
mm/dd/yy
4. Did you sell your principal residence during the year?  Yes  No  
If "Yes" please provide: Address: \_\_\_\_\_  
Proceeds of Disposition: \_\_\_\_\_ Year of Purchase: \_\_\_\_\_
5. Did you purchase a new home during the year?  Yes  No  
If "Yes", were you a first time home buyer?  Yes  No
6. Did you earn income from a short-term rental (Airbnb, VRBO, etc.)?  Yes  No  
If "Yes", was the rental compliant with all licensing, permitting and registration requirements by Dec 31, 2024?  Yes  No
7. Did you reside in a "prescribed northern zone" for a continuous period of at least 6 consecutive months?  Yes  No  
If "Yes", please fill out a "Northern Residents Deduction" form
8. Did you own or hold foreign property with a cost of \$100,000 or more at any time during the year (including United States property and / or shares/stocks)?  Yes  No
9. Are you disabled or any of your dependants disabled?  Yes  No  
If "Yes", please provide form T2201 "Disability Tax Credit Certificate"
10. Did you provide in-home care for an infirm dependant relative?  Yes  No
11. Did you have significant medical expenses during the year?  Yes  No  
If "Yes" please fill out the Medical Expenses worksheet
12. Have there been any changes in family circumstance such as births, deaths, impairment, marriages, reaching the age of 19 years, and becoming or ceasing to be a resident in Canada?  Yes  No
13. Do you have or share, custody of a child after a relationship break down?  Yes  No  
If "Yes" please provide copy of Agreement
14. Did you receive a retroactive lump-sum payment over \$3,000 (ex. spousal support)?  Yes  No

To Flahr Friedel Professional Corporation,

I confirm that I have provided accurate and complete information necessary for the preparation of my personal tax return. I understand that Flahr Friedel Professional Corporation will not audit, review, or verify the accuracy or completeness of the information provided. I acknowledge that I am responsible for the accuracy of the information and the completeness of the representations reflected in my return.

To the best of my knowledge and belief, the information provided is complete and accurate, including all income sources. Business expenses (if applicable) are reasonable and incurred to earn business income.

I certify the above answers and certification to be true and correct.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

THANK YOU FOR YOUR INFORMATION