**Personal Tax Questionnaire - New Clients: Date Received:**

**Personal:**

1. A. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Telephone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did you reside within Nisga’s Lands in 2016? Y\_\_\_\_N\_\_\_\_
5. SIN D.O.B.
6. Marital Status (Circle): Married Common Law Separated Divorced Widowed Single
7. Did your marital status change during this tax year? Y \_/N Date of Change: \_\_\_\_\_\_\_\_\_\_
8. Separation Agreement is applicable? Y\_\_\_\_\_ / N\_\_\_\_\_\_\_
9. Are you set up for Direct Deposit: Y\_\_\_\_/N\_\_\_\_\_ If No do you wish to be: Y\_\_\_/N\_\_\_\_

Branch (5) \_\_\_\_\_\_\_\_\_ Institute # (3) \_\_\_\_\_\_\_\_ Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(or bring a void cheque)

**\*\*We encourage you to set up direct deposit. As of April 1, 2016 CRA will no longer issue cheques.\* \***

1. OK to share info with Elections Canada: Y \_\_\_\_/N\_\_\_\_\_ Province of residence as Dec 31, 2016: \_\_\_\_\_\_\_\_\_\_

**Income:**

1. Income and/or Investment Slips: T4’s \_\_\_ T5’s \_\_\_ T3’s \_\_\_ OAS \_\_\_ CPP: \_\_\_ T5018’s \_\_\_ T5007\_\_\_
2. Self-Employed Business or Professional Income/Loss: Y\_\_\_/N\_\_\_ If YES See Checklist For SP
3. Did you have to pay for expenses as a condition of your employment (T2200): Y\_\_\_/N\_\_\_
4. Capital Gains: Y\_\_\_/N\_\_\_ If YES See Checklist For Capital Gains
5. Rental Income: Y\_\_\_/N\_\_\_ If YES See Checklist For Rental Income

**Investments:**

1. Do you own foreign property in excess of $100,000 (Form T-1135)? Y /N
2. Any RRSP’s: Y\_\_\_/N\_\_\_ Have you sold any non-registered investments Y\_\_\_/N\_\_\_
3. Have you purchased a new home in 2016 Y\_\_\_/N\_\_\_
4. Did you subscribe to a Home Buyers Plan: Y\_\_\_/N\_\_\_
5. Have you sold your principal residence in the year? If so please provide the following:
6. The purchase document
7. The sale documentation
8. Was the home ever used as a rental

**Expenses:**

1. Children:
2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M/F: \_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_\_/\_\_\_\_\_
3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M/F: \_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_\_/\_\_\_\_\_
4. Daycare: Y\_\_\_/N\_\_\_ University/College Y\_\_\_/N\_\_\_
5. After School Programs: Y\_\_\_/N\_\_\_\_ Athletic/Arts Costs: Y\_\_\_/N\_\_\_ Transit/Bus: Y\_\_\_\_/N\_\_\_\_
6. Eligible Dependent (Equivalent to Married): Y\_\_\_/N\_\_\_
7. Children reside with both parents throughout the year Y\_\_\_/N\_\_\_ If NO, percentage to claim \_\_\_\_\_\_%

**Other Expenses:**

1. Moved in 2016 for work at least 40KM away: Y\_\_\_/N\_\_\_ If YES please provide the expenses & job information
2. Medical Expenses: Y\_\_\_/N\_\_\_ If Yes please provide the medical expenses
3. Have you done any home renovations for accessibility ie. Seniors or person with disabilities in 2016: Y\_\_\_/N\_\_\_
4. Donations: Y\_\_\_/N\_\_\_ If YES receipts required. Is this the first donation you’ve done on a tax return Y\_\_\_/N\_\_\_
5. Tuition: Y\_\_\_/N\_\_\_ If YES please provide the T2202A from the approved Institution
6. Are you a Teacher: Y\_\_\_/N\_\_\_ If so do you pay for your own school supplies?

**Other:**

1. Please provide at least one year of previous years’ tax returns. If you are Self-employed or have Rentals please provide 2 years of previous tax returns if possible.