

## NEW CLIENT QUESTIONNAIRE 2024 Personal income taxes

Dear client,

Here is a questionnaire to complete to help us optimize your 2024 tax returns.

·		,		Write legibly
NAME		NAME - S	POUSE	
First name:		First name	<del>)</del> :	
Last name:				
IDENTIFICATION		IDENTIFIC	CATION - SPOUS	E
Social ins. number:		Social ins.	number:	_ <b>-</b>
Date of birth: (DD/MM/YY):/	_/	Date of bir	th (DD/MM/YY):	_//
MARITAL STATUS				
☐ Single ☐ Common law couple	□ Married	□ Separated	□ Divorced	□ Widowed
If your marital status changed during	the year:			
Previous marital status:	Date	of the change	(DD/MM/YY):/_	/
If your marital status went from single spouse and to know the total on line return	23600 of their common law or , if applicable. e most up-to-date	federal return _ married to sing	and line gle and you have of tered in your tax retu	275 of their provincial children, please provide a lims, it is your responsibility to
CONTACT INFORAMTION				
☐ Check here if the following inform	ation is the san	ne as last vear.	otherwise please	provide us with the
updated information:		,	•	•
Address:		E-mai	l:	
City:				
Postal code :	 	Phone (cell)	: ()	
MEDICAL INSURANCE – YOU OR	VOLID SDOLIS	-		
Indicate on which drug insurance pla	an you <b>and</b> you	r spouse were i <b>You</b>	nsured (indicate the m	nonths): Sp <b>ouse</b>
Government insurance (RAMQ):	From		From	to
My own group plan:		to	From	to
My spouse's / parent's group plan:	From	to	From	to

CHILDREN IN POST-SECONDARY EDUCATION				
Frist name: Last name :	de)	_		
<ul> <li>Did you open your first FSHA account in 2024? If not, did you open your first FSHA account in 2023?</li> <li>Did you reimburse a portion or the total amount of the funds received from a relief program that was established in response to the COVID-19 pandemic? If so, which program: What amount: Date of the reimbursement: </li> </ul>		YES YES	□ <b>N</b>	NO
Date of the reimbursement:		YES YES YES YES YES YES		00 00 00
<ul> <li>Did you sell a building that you owned for less than 365 days?</li> <li>Did you, your spouse or your children attend a post-secondary education establishment?</li> <li>Do you authorize your registration to the CRA and RQ online mail services?</li> <li>If so, indicate your email address</li> <li>Have you made any tax instalments during the year? If so, provide us with the amounts.</li> <li>CRA:\$</li> <li>RQ:\$</li> </ul>		YES YES YES YES		<b>10</b>
<ul> <li>Did you make any donations during 2024?</li> <li>Did you make any donations between the period of January 1, 2025 and February 28<sup>th</sup>, 202</li> <li>Did you pay for any medical expenses during the year ?</li> <li>*(if so, please complete the form named "Medical expenses" or provide the summary from Your insurance company and/or pharmacy)</li> </ul>	5?□	YES YES YES		NO

<ul> <li>Did you provide us with the details of income earned by your children?</li> <li>If you have a pension income, do you wish to split it with your spouse in order for the family</li> </ul>				0
to optimize overall reporting?  - If you have a reimbursement on the provincial level, do you authorize the transfer of this		YES	□ <b>N</b>	0
amount to your spouse if he/she owes Revenu Québec?		YES	□ N	0
- Did you receive, hold, dispose, transfer, exchange or give away any cryptoassets*? *(if so, please complete the attached form named "cyptoassets")		YES	□ <b>N</b>	0
- Did you take part in vocational skills training not paid for by your employer?		YES	□ N	0
<ul><li>Did you pay for infertility treatments / a surrogate / a donor?</li><li>Did you have to travel to a hospital on a regular basis for medical reasons?</li></ul>		YES	□ <b>N</b>	0
If so, do you live over 40 km from the hospital?		YES	□ N	0
<ul><li>Did you move at least 40 km to be closer to your workplace / school?</li><li>If you are a teacher, did you incur any expenses for the purchase of school supplies</li></ul>		YES	□ <b>N</b>	0
for your classrooms (either in person or online)? If so, please provide a list with the amounts	. 🗆	YES	□ N	0
<ul><li>Did you incur any expenses to convert a residence into a multigenerational home?</li><li>Did you receive a reimbursement from the RAMQ for glasses or contact lenses for</li></ul>		YES	□ <b>N</b>	0
a dependent child? If so, for which child(ren) and what amount :  Child: Amount: Child: Amount: Did you receive a reimbursement from the Canadian Dental Care Plan for yourself or for		YES	□ <b>N</b>	0
a dependent child? If so, for whom and what amount :		YES	□ N	0
Name:        Amount:          Name:        Amount:				
- If you are a construction worker, did you incur expenses not reimbursed by your employer, to travel to a temporary workplace at least 150 km from your home, for				
a minimum of 36 hours?		YES	□ N	0
- Did you rent out your primary residence or other dwelling(s) (ex: cottage) on a short-term				
basis via rental sites such as Airbnb or other methods?		YES	□ N	0
If so, what was the rental period: between 0 and 31 days ☐ OUI ☐ NON				
between 32 and 90 days $\Box$ <b>OUI</b> $\Box$ <b>NON</b> - If you are operating a short-term rental dwelling, do you have a permit or registration from the	ne			
municipality where the dwelling is located, valid on December 31, 2024?  - If you are operating a short-term rental dwelling, does the municipality where the dwelling is		YES	□ <b>N</b>	0
located prohibit this type of rental?  - If you are a tradesperson, did you incur any costs to acquire tools not reimbursed by your		YES	□ <b>N</b>	0
employer?		YES	□ <b>N</b>	0
- Did you receive, as a tenant, any sums for the cancellation of your lease?		YES	□ N	0
- Did you receive any unexpected funds / reimbursement from either level of government?			□ N	0

- If you are 65 or over and employed, have you made a choice with your employer(s) to stop		
making QPP contributions? If so, since what month?  - If you are 65 or over and self-employed, would you like to stop making contributions to	□ YES □	NO
the QPP? If so, as of what month?  - If you are 65 or over and self-employed and have already stopped making contributions to the QPP, would you like to revoke your election and resume making contributions to	□ YES □	NO
the plan? If so, starting in what month?	□ YES □	NO