

QUESTIONNAIRE - 2024 Personal income taxes

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

·	Write legibly				
NAME	NAME - SPOUSE				
First name:	First name:				
Last name:	Last name:				
CONTACT INFORMATION					
☐ Check here if the following information is the same as last year, otherwise please provide us with the updated information :					
Address :	E-mail :				
City: F					
Postal code :	Discuss (see IIV)				
Phone (home): ()	Phone (cell): ()				
CHANGE IN MARITAL STATUS					
☐ Check here if your marital status is the same as la	ast year, otherwise please provide us with the updated				
	Date of the change : (DD/MM/YY) :/				
If your marital status changed from single to common law or married, we will need certain information from your spouse and to know the total on line 23600 of the federal return\$ and line 275 of the provincial return\$					
If your marital status changed from common law or married to single and you have children, please provide a copy of the child custody agreement, if applicable. **Please note that despite the fact that the most up-to-date information is entered in your tax returns, it is your responsibility to communicate with both levels of government when any change in your marital status occurs, as soon as it occurs.					
MEDICAL INSURANCE – YOU OR YOUR SPOUSE					
Indicate on which drug insurance plan you and your	•				
Government insurance (RAMQ): From	You Spouse to to to				
	tototo				
, , ,	tototo				
NEW DEPENDENTS (spouse, children, parents)					
□ M □ F First name :	Last name :				
Date of birth: SIN :					

CHILDREN IN POST-SECONDARY EDUCATION		
Frist name: Last name : Date of birth: SIN: Income made by the child: Education fees (T2202A and RL-8 to be producted by the solidarity tax credit received by the child for 2024 (if over 18 and studying): Transfer of tuition fees to a parent? If yes, to which parent?	ovided)	
Frist name: Last name : Date of birth: SIN: Education fees (T2202A and RL-8 to be produced by the child: Education fees (T2202A and RL-8 to be produced by the solidarity tax credit received by the child for 2024 (if over 18 and studying) : Transfer of tuition fees to a parent? If yes, to which parent?	ovided)	
 Did you open your first FSHA account in 2024? If not, did you open your first FSHA account in 2023? 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:	□ YES	
What amount:	□ YES □ YES □ YES	□ NO
 Did you purchase your first home during the year? Did you sell a primary or secondary residence or have you changed its use*? *(changed use: in 2024 your primary/secondary residence became a rental property OR your rental property became your primary/secondary residence) Did you sell a building that you owned for less than 365 days? 	□ YES	_
 Did you, your spouse or your children attend a post-secondary education establishment? Do you authorize your registration to the CRA and RQ online mail services? If so, indicate your email address Have you made any tax instalments during the year? If so, provide us with the amounts. CRA:\$ RQ:\$ 	□ YES	□ NO □ NO
 Did you make any donations during 2024? Did you make any donations between the period of January 1, 2025 and February 28th, 2025 Did you pay for any medical expenses during the year ? *(if so, please complete the form named "Medical expenses" or provide the summary from Your insurance company and/or pharmacy) 	5?□ YE \$	□ NO B □ NO □ NO

Did you provide us with the details of income earned by your children?If you have a pension income, do you wish to split it with your spouse in order for the family		YES		10
to optimize overall reporting? - If you have a reimbursement on the provincial level, do you authorize the transfer of this		YES	□ N	10
amount to your spouse if he/she owes Revenu Québec?		YES		10
 Did you receive, hold, dispose, transfer, exchange or give away any cryptoassets*? *(if so, please complete the attached form named "cyptoassets") 		YES		10
- Did you take part in vocational skills training not paid for by your employer?		YES		10
Did you pay for infertility treatments / a surrogate / a donor?Did you have to travel to a hospital on a regular basis for medical reasons?		YES		10
If so, do you live over 40 km from the hospital?		YES		10
Did you move at least 40 km to be closer to your workplace / school?If you are a teacher, did you incur any expenses for the purchase of school supplies		YES		10
for your classrooms (either in person or online)? If so, please provide a list with the amounts.		YES		10
Did you incur any expenses to convert a residence into a multigenerational home?Did you receive a reimbursement from the RAMQ for glasses or contact lenses for		YES		10
a dependent child? If so, for which child(ren) and what amount : Child: Amount: Child: Amount:		YES		10
- Did you receive a reimbursement from the Canadian Dental Care Plan for yourself or for				
a dependent child? If so, for whom and what amount :		YES		10
Name: 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		10
- 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		10
If so, what was the rental period: between 0 and 31 days ☐ OUI ☐ NON				
between 32 and 90 days \Box OUI \Box NON - If you are operating a short-term rental dwelling, do you have a permit or registration from the)			
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		10
located prohibit this type of rental?		YES		10
- If you are a tradesperson, did you incur any costs to acquire tools not reimbursed by your				
employer?		YES		10
- Did you receive, as a tenant, any sums for the cancellation of your lease?		YES		10
- Did you receive any unexpected funds / reimbursement from either level of government?		YES		10

- 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?	□ YES □ NO
- If you are 65 or over and self-employed, would you like to stop making contributions to	
the QPP? If so, as of what month?	□ YES □ NO
- 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	
the plan? If so, starting in what month?	□ YES □ NO