

# 2025 PERSONAL INCOME TAX QUESTIONNAIRE

This questionnaire is designed to assist you in compiling the information necessary to prepare your 2025 personal tax return. Please return this form with your documentation.

Client Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ S.I.N.: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

*(Includes Common law arrangements)*

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ S.I.N.: \_\_\_\_\_

1. Please provide details of any **changes** to your personal information:

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

2. Have you sold your principal residence in 2025? If so, please provide: address, year of acquisition and proceeds of disposition. **There are significant penalties for omitting this information.**

3. Do you own real property or investments outside of Canada (other than investments inside RRSP/RRIF)? If so, please provide details. **There are significant penalties for omitting this information.**

5. Change in Marital status, separation date (include signed Separation Agreement): \_\_\_\_\_

6. Are you a Canadian Citizen Y / N

7. Is your Province of residence on December 31, 2025 NS ? Y / N If no, state Province of residence \_\_\_\_\_

## Additional dependents:

1. Full Name: \_\_\_\_\_ Lives at same address: Y / N  
Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_\_ S.I.N.: \_\_\_\_\_  
Net income: \_\_\_\_\_ Infirmary, if any: \_\_\_\_\_
2. Full Name: \_\_\_\_\_ Lives at same address: Y / N  
Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_\_ S.I.N.: \_\_\_\_\_  
Net income: \_\_\_\_\_ Infirmary, if any: \_\_\_\_\_
3. Full Name: \_\_\_\_\_ Lives at same address: Y / N  
Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_\_ S.I.N.: \_\_\_\_\_  
Net income: \_\_\_\_\_ Infirmary, if any: \_\_\_\_\_
4. Full Name: \_\_\_\_\_ Lives at same address: Y / N  
Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_\_ S.I.N.: \_\_\_\_\_  
Net income: \_\_\_\_\_ Infirmary, if any: \_\_\_\_\_

## PLEASE CHECK THE ITEMS THAT APPLY:

### INCOME

- |   |  |
|---|--|
| <input type="checkbox"/> Employment – T4  | <input type="checkbox"/> Rental Property (see Schedule at back or provide own list)  |
| <input type="checkbox"/> Pension / retirement income – T4A, T4A(P), T4A(OAS), T4RSP/T4RIF | <input type="checkbox"/> Capital Gains/Losses <ul style="list-style-type: none"><li>○ Attach annual capital gain/loss schedule</li></ul> |
| <input type="checkbox"/> Employment Insurance – T4E                                       | <input type="checkbox"/> Did you dispose of any other capital properties this year? (provide details)                                    |
| <input type="checkbox"/> Interest and Dividends and other Investment Income – T5/T3       | <input type="checkbox"/> Spousal support payments received   |
| <input type="checkbox"/> Limited Partnership – T5013                                      | <input type="checkbox"/> Other (tips, etc.) Specify _____  |
| <input type="checkbox"/> Business / Professional / Commission (see Schedule at back)      |  |

### DEDUCTIONS AND TAX CREDITS (ATTACH RECEIPTS AND/OR DETAILS)

- |   |  |
|---|--|
| <input type="checkbox"/> Home office expenses (need signed T2200)   | <input type="checkbox"/> Registered Retirement Savings Plan  |
| <input type="checkbox"/> Charitable donations (attach receipts)   | <input type="checkbox"/> First home savings account contributions  |
| <input type="checkbox"/> Medical expenses   | <input type="checkbox"/> Annual union, professional dues   |
| <input type="checkbox"/> Disability amount for you or dependent   | <input type="checkbox"/> Child care expenses   |
| <input type="checkbox"/> Home accessibility expenses <ul style="list-style-type: none"><li>○ If 65 or over, or eligible for dependent credit.</li></ul> | <input type="checkbox"/> Net, non-capital, or business investment losses ( <b>detailed discussion required</b> )   |
| <input type="checkbox"/> Caregiver amount <ul style="list-style-type: none"><li>○ List details of dependency.</li></ul>                                 | <input type="checkbox"/> Moving expenses ( <b>detailed discussion required</b> )   |
| <input type="checkbox"/> Eligible Educator school supply tax credit (Max \$1,000)   | <input type="checkbox"/> Spousal support paid <ul style="list-style-type: none"><li>○ Attach copy of signed agreement or court order.</li></ul>  |
| <input type="checkbox"/> Adoption expenses  | <input type="checkbox"/> Commission and employment expenses <ul style="list-style-type: none"><li>○ Include details &amp; T2200.</li></ul>   |
| <input type="checkbox"/> Amount for eligible dependant  | <input type="checkbox"/> Carrying charges / investment management fees ( <b>detailed discussion required</b> ) <ul style="list-style-type: none"><li>○ interest on money borrowed to earn dividend and interest.</li></ul> |
| <input type="checkbox"/> First time home buyers (attach statement of adjustments from lawyer)   | <input type="checkbox"/> Other deductions and credits (e.g. Tradespersons tools, legal fees)   |
| <input type="checkbox"/> Tuition fees (attach T2202/T2202A)   | <input type="checkbox"/> Federal and provincial political contributions  |
| <input type="checkbox"/> Interest paid on student loans under Canada student loan program   | <input type="checkbox"/> NS Labour-sponsored funds / Equity tax credits  |
| <input type="checkbox"/> Volunteer firefighter / search & rescue  | <input type="checkbox"/> Digital news subscription (qualified Canadian journalism organization) – need QCJO number   |
| <input type="checkbox"/> NS Children's sports and arts (max \$500)  |  |
| <input type="checkbox"/> Volunteer fire fighters / Search and Rescue Volunteer amount   |  |
| <input type="checkbox"/> Multigenerational home renovation tax credit (MHRTC) – detailed discussion required  |  |

**2025 SELF-EMPLOYED EXPENSES (T2200 NOT REQUIRED)****2025 EMPLOYMENT EXPENSES (T2200 REQUIRED)**

(PLEASE PROVIDE A SEPARATE LIST)

Gas
Repairs & maintenance
Insurance
License, registration & auto club
Interest on bank loan for car purchase (attach loan agreement)
Lease
Washes & miscellaneous
Parking, tolls & meters
Business KMs:                      Total KMs:
Allowance received from employer included on T4
Allowance received from employer not included on T4
If car purchased, sold or leased during year provide copy of agreement or invoice
Advertising & gifts
Meals & entertainment
Travel, hotel & motel accommodation
Sales meetings & seminars
Accounting and legal fees
Office supplies and expenses
Telephone & internet
Professional licenses, fees & dues
Liability insurance (errors & omissions) (Excluding life & disability)
Equipment leases & rentals
Professional dues & fees, memberships
Accommodation (rent, property taxes)
Repairs & maintenance
Salaries & wages (not yourself)
Interest on business line of credit, credit cards if used primarily for business purposes
Other – specify (discussion required)
<b>HOME OFFICE:</b>
Heat, electricity & water
Repairs and maintenance (not major renovations)
Insurance
Property Tax
Mortgage interest – attach annual statement from bank
Rent
Water, Phone & Internet
<b>PURCHASES OF CAPITAL ASSETS (Computers, Furniture, Equipment, etc.) - ATTACH SEPARATE LIST &amp; RECEIPTS</b>

**RENTAL PROPERTY INFORMATION (identify if short term or long term rents)**

(Provide statement of adjustments from lawyer for all purchases and sales)

<b>RENTAL INCOME EXPENSES:</b>
Advertising
Insurance
Mortgage interest (attach annual mortgage statement)
Professional and tax preparation fees
Maintenance & repairs (provide list if significant) – detailed discussion required
Property taxes
Utilities (heat, electricity, internet, cable, water,)
Other – specify (discussion required)