



2025 CLIENT EXPRESS QUESTIONNAIRE

- SIN number _____ Birth Date (yyyy-mmm-dd) _____
 First Name Mr Mrs Ms Miss _____ Middle Initial _____ Last Name _____
- What was your marital status at December 31st of the tax year?
 Married Common-Law Widowed Divorced Separated Single (never been married)
**Did your marital status change during the tax year? Date of change: _____ Previous Status: _____*
**If married or C/L, would you like to split any eligible pension(s) with your spouse to maximize tax savings? Yes No*
- Did your name change in the tax year? Yes No
- Are you a Canadian Citizen? Yes No
- Do you own or rent your home? Own Rent
- Address _____ City _____ Prov _____ PC _____
 E-mail _____ Phone: Home) _____ Cell) _____
- Would you like to receive a Text Message when your taxes are completed? Yes No
- What was your province of residence at December 31st of the tax year? _____
- Did you move from another province in Canada in 2025 or 2026? Yes No Date: _____
- Did you move to /out of Canada in the tax year? Yes No Year/Month/Day _____
- If you are married or common-law and TaxTeam is not filing the tax return for your spouse, please ensure we have the following information regarding your spouse: Has your spouse already filed their tax return in the tax year? Yes No

- | | | | | |
|--------------------------|------------|--|---|---------------------------------------|
| SIN | Birth Date | First Name | Last Name | Net Income (Line 23600 of tax return) |
| Is your Spouse Disabled? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes; Last year of Eligibility: _____ | |
- Do you have a disability? Yes No _____ Last Year of Eligibility: _____
 - Was your spouse dependant on you due to a mental or physical infirmity? Yes Infirmity: _____ No
 - Did the taxpayer die in the tax year? Yes No Year/Month/Day _____
**If yes, Legal Representative Name: _____ Executor Administrator Phone #: _____*
 - Did your spouse die in the year? Yes No Year/Month/Day _____
 - Did you declare bankruptcy in the tax year? Yes No Date: _____ Date of Discharge: _____
 - Were you confined to prison or a like institution for over 90 days in the tax yr? Y N Over 6 Months? Y N
 - If you are a Canadian Citizen, do you authorize the Canada Revenue Agency to give your name, address, and date of birth and citizenship to Elections Canada for the National Register of Electors? Yes No
 - Did you own any foreign property/investments at any time in 2025 with a total cost of more than \$100,000? Y N
 - Did you sell any property in 2025 (including your house) or change it to a business or rental property? Yes No
If yes; Address _____ Year Acquired _____ Sale Value _____
 - Were you a first-time home buyer in the tax year? Yes No Date of Possession: _____
 - Did you open a First Home Savings Account (FHSA) in 2025? Yes No Contributions (if any) _____
 - Do you have dependants? Yes No Please list any children you claim below (attach another page if needed)

Gender	1) <input type="checkbox"/> Boy <input type="checkbox"/> Girl	2) <input type="checkbox"/> Boy <input type="checkbox"/> Girl	3) <input type="checkbox"/> Boy <input type="checkbox"/> Girl	4) <input type="checkbox"/> Boy <input type="checkbox"/> Girl
Full Name				
SIN				
Birth Date				
Net Income				
Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Custody? (Shared/Sole)	(if shared: _____%)	(if shared: _____%)	(if shared: _____%)	(if shared: _____%)

- Did you pay or receive any support payments? Child Paid \$ _____ Received \$ _____
 Spousal Paid \$ _____ Received \$ _____

If New Client:

- How did you find us? _____ Who prepared your last tax return? _____
- If you have a CRA account, have you authorized us? Yes No * To authorize TaxTeam on CRA online – please use our business number 86845 6153. If you don't have CRA online access, please send your most recent Notice of Assessment
- Additional Info? _____

2025

Tax Year

Taxpayer Signature

Date