

General Information Sheet

Complete one form per family

A. Name: _____ Spouse name: _____

Email: _____ Spouse email: _____

(We are integrating a new portal system. We require the email for each individual that we are completing a tax return for) – disregard if the individual does not have an email address.

Work phone: _____

B. Did your address change in 2025? **YES** **NO**

If yes, what is your new address: _____

C. Did your marital status change in 2025? **YES** **NO**

If yes, date of change _____ **New status(singe/married)** _____

D. Are you a United States citizen or hold a green card from the U.S.A? **YES** **NO**

Are you a resident of a country other than Canada or the U.S.A? **YES** **NO**

If yes, please provide details _____

E. SALE OF PRINCIPAL RESIDENCE

Did you sell a principal residence at any time during 2025? **YES** **NO**

If yes, please provide original year of purchase _____

Sale Price _____ property (address) _____

F. FOREIGN PROPERTY (investments, real estate, bank accounts in foreign country)

Did anyone in your household own foreign property at any time in 2025 with a total cost of more than CAN \$100,000? **YES** **NO**

Did you confirm this with your investment advisor?(if applicable) **YES** **NO** **N/A**

G. Does anyone live with you or do you support anyone other than your children (elderly parents or other relatives)? Please indicate their name and how you are related.

Name: _____ Relation: _____

H. How many children do you have under 18 years old? _____

Did you have any new children in 2025? **YES** **NO**

If YES, please add the child's information below.

NAME	DATE of BIRTH	SIN

Do you require us to complete a tax return for any dependents? **YES** **NO**

If YES, Name 1: _____ Name 2: _____

Email 1: _____ Email 2: _____

I. Disability Tax Credit - Do you, your children or other people mentioned above have any medical conditions that affect their daily living (speaking, hearing, walking, bowel or bladder functions, feeding, dressing or mental functions necessary for everyday life). There are significant deductions that could be available if someone has problems in any one of these areas.

YES **NO**

J. I confirm that all the above information is correct and contains all the information requested regarding these particular matters.

Signature

Name (print)

Date