General Information Sheet

Complete one form per family

A.	Name: Spouse name:					
	Email:		,			
		ystem. We require the email for each egard if the individual does not have				
Wo	rk phone:					
В.	Did your address change in 2024?			NO		
	If yes, what is your new addr	ress:		-		
C.	Did your marital status change in 2024?			NO		
	If yes, date of change	rried)				
D.	Are you a United States citizen or hold a green card from the U.S.A? Are you a resident of a country other than Canada or the U.S.A? If yes, please provide details			NO NO		
E. Did	SALE OF PRINCIPAL RESID you sell a principal residence a	_	YES	NO		
	If yes, please provide original	year of purchase				
	Sale Price p	property (address)				
Did	anyone in your household own	tments, real estate, bank accounts in foreign property at any time in 2024	-	ry)		
	t of more than CAN \$100,000? you confirm this with your inve		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:				

н.	How many children do you have <u>u</u>	nder 18 years old?					
	you have any new children in 202 YES, please add the child's informa		NO				
	NAME	DATE of BIRTH		SIN			
		21112 01 2211111					
Do	you require us to complete a tax re	eturn for any depende	nts? YES	NO			
	If YES, Name 1:	Name 2:_					
	Email 1:	Email 2:					
I.	Disability Tax Credit - Do you, your children or other people mentioned about 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 informati requested regarding these particular		ns all the info	ormation			
Sig	nature Name	e (print)		Date			