<u>Per</u>	rsonal Tax Questionnaire - New Clients:	Date Received:	
<u>Per</u>	ersonal:		
1)	A. Name:		
	B. Address:		
	C. Telephone: Home:Cell:		
	D. E-mail:	Did you reside within Nisga's Lands in 2025? YN	
2)	SIN D.O.B		
3)	Marital Status (Circle): Married Common Law	Separated Divorced Widowed Single	
4)	Did your marital status change during this tax year? Y	/N Date of Change:	
5)	Separation Agreement is applicable? Y/N		
6)	Are you set up for Direct Deposit: Y/N If N	No do you wish to be: Y/N* Encouraged*	
7)	OK to share info with Elections Canada: Y/N	Province of residence as Dec 31, 2025:	
<u>Inc</u>	come:		
8)	Income and/or Investment Slips: T4's T5's T3	'3's OAS CPP: T5018's T5007	
9)	Self-Employed Business or Professional Income/Loss:	Y/N If YES See Checklist For SP	
10)	Did you have to pay for expenses as a condition of your employment (T2200): Y/N September 1, Capital Gains: Y/N If YES See Checklist For Capital Gains		
11)	Capital Gains: Y/N If YES See Checklist For Capital Gains		
12)) Rental Income: Y/N If YES See Checklist For R	lental Income	
Inv	vestments:		
13)) Do you own foreign property in excess of \$100,000 (F	Form T-1135)? Y/N	
14)	1) Any RRSP's: Y/N Have you sold any non-registered investments Y/N		
15)	5) Have you purchased a new home in 2025 Y/N		
16)	S) Did you subscribe to a Home Buyers Plan: Y/N		
17) Have you sold your principal residence in the year? If so please provide the following:		f so please provide the following:	
	a) The original purchase document 'Buyers Stat	tement of Adjustments'	
	b) The sale documentation 'Sellers Statement o	of Adjustments'	
	c) Was the home ever used as a rental-if so wh	at dates, income, etc.	
<u>Exp</u>	penses:		
18)	c) Children:		
	a) Name:	M/F: Age: DOB://	
	b) Name:	M/F: Age: DOB://	
) Daycare: Y/N University/College Y/N		
20)) After School Programs: Y/N Athletic/Arts Co	osts: Y/N Transit/Bus: Y/N	
21)	1) Eligible Dependent (Equivalent to Married): Y/N		
22)	2) Children reside with both parents throughout the year Y/N If NO, percentage to claim%		
<u>Oth</u>	her Expenses:		
23)) Moved in 2025 for work at least 40KM away: Y/N	$I_{\underline{}}$ If YES please provide the expenses $\&$ job information	
24)	4) Medical Expenses: Y/N If Yes please provide the medical expenses		
25)	5) Have you done any home renovations for accessibility ie. Seniors or person with disabilities in 2025: Y/N		
26)	5) Donations: Y/N If YES receipts required. Is this the first donation you've done on a tax return $Y_{__}/N_{_}$		
	') Tuition: Y/N If YES please provide the T2202A from the approved Institution		
28)	28) Are you a Teacher: Y/N If so do you pay for your own school supplies?		
<u>Oth</u>	<u>her:</u>		
29)	P) Please provide at least one year of previous years' tax returns.		
3U)	N Please confirm you have online CRA access to your access.	count V /N (required)	