

# T1 Personal Returns 2024

Please use this form to submit your tax information needed by us to complete your taxes. Please provide any necessary supporting information.

	O New Client	Existing Client	
	Personal	Information	
First Name	Last Name		Middle Name
Date of Birth	SIN #		Citizenship
Street Address			Apt# PO Box
-		ſ	PUBOX
City	Province/State		Post Code
Country	Email Address		We must have a valid email address & at least one (1) phone number for
Home Phone	Mobile Phone		us to communicate with you.

Marital Status: Indicate your marital status as of December 31, 2024.

Single	Married	Common-law	Separated	Divorced	Widowed
If you. marital status ch	nanged from last y	/ear's tax return, please	indicate the date this	s status changed:	

#### **Residency information:**

Were you a resident of <b>Ontario</b> as of December 31, 2024?	Yes	No
If <b>NO</b> , please indicate your province or territory of residence. If you lived outside of Canada, please select OTHER.	Other:	
Did you <b>live outside</b> of Canada for MORE than 183 days in 2024?	Yes	No
Did you <b>SELL</b> your principal residence in 2024?	Yes	No
If <b>YES</b> , please indicate the date and address of sale as well as the selling price.	Sale Date:	
Sale Address:	Sale Price:	



# **Employment information:**

Are you self-employed?	Yes	No
Are you a full-time student?	Yes	No
Are you totally and permanently disabled?	Yes	No
Are you a dependent of another taxpayer?	Yes	No
Did you receive a Declaration of Conditions of Employment (T2200) form from your employer?	Yes	No

### **Deductions & tax credits information:**

Please check all that apply to you for 2024. You must have receipts or supporting documents in all cases.

Charitable donations
Dental expenses (not reimbursed by a third-party insurer)
Employment expense
First-time homebuyer
Health insurance premium(s)
Home buyer's plan
Investment counseling fees
Interest paid on investment loans
Long term care premium(s)
Medical expenses (not reimbursed by a third-party insurer)
Moving expenses for work or study (not reimbursed by your employer)
Political party contributions – Federal/Provincial
Prescription drugs & medical devices (not reimbursed by a third- party insurer)
RRSP contributions
RRSP contributions - SPOUSE
Spousal support payment
Union & professional dues



Did you own /rent home in 2024?	Yes	No	Property Taxes paid:	Rental amount paid:
Municipality / Landlord name:				

## **Investment & Donation information:**

Did you own or hold foreign property with a total value GREATER than CAD\$100,000? Foreign Property can include (but not limited to) physical assets, financial investments, such as stocks, bonds, foreign or crypto currency, or any other related investments tools.	Yes	No
Did you buy or sell any financial investments (excluding your RRSP & TFSA) during the tax filing year?	Yes	No

# SPOUSE INFORMATION

If we do not file the return for your spouse, please indicate their income from Line # 23600 of their T1 return.

## DEPENDENTS

Please complete the following information for any dependents.

Dependent Information (if applicable)						
Name	Relationship	Date of Birth	SIN #	Net Income*	Childcare Expense Amount	Post-secondary Tuition Expense? **
						Yes
						Yes
						Yes
						Yes
						Yes

\*\*We will require signed Tuition and Enrolment Certificate and Summary Form (T2202) for each dependent with tuition expenses.

*Are we filing a separate T1 return for any dependent(s)?	Yes	No
Do any of your dependents qualify for disability credit?	Yes	No



Migration/Current status in Canada Have you immigrated to or emigrated from Canada? Yes No

If <b>YES</b> , please indicate which date you have	Immigrated:	
immigrated or emigrated:	Emigrated:	

# FHSA & Capital Asset information: Have you opened an FHSA (First Homeowner's Savings Account)? Yes No

If you have contributed to your FHSA (First Homeowner's Savings Account) this year, please indicate how much:	
If you have sold any capital assets (e.g property, stocks from the stock market) after June 25, 2024 please indicate how much:	

#### Income:

From the following selection of income sources, please select all(if any) you have from past year:

Source	Slips to attach	Source	Slips to attach
Employment income	T4	Scholarships/bursuries	T4A
Commission income	T4 or T4A	Worker's compensation benefits	T5007
Profit Sharing income	T4PS	Social assistance payments	T5007
Taxable disability income	T4A	Self-employed income	Link to form
Old Age security (OAS) Canada	T4(OAS)	Rental income	Link to form
Pension Plan (CPP) Other	T4A(P)	Sale of investment	Link to form
pensions/annuities	T4A	Sale of real estate	Link to form
Employment insurance benefits	T4E	Spousal support recieved	
Dividend income	T3 or T5	Child support	
Interest Income	T3 or T5	Tips & Gratuities	
Limited Partnership Income	T5013	Other	
RRSP income	T4RSP	Other	
RRSP withdrawal	T4RSP	Other	
RRIF income	T4RIF	Other	



#### **Direct Deposit Information**

Would you like your refund to be directly deposited into your account?

Yes, if so provide void check

CRA already has this info

No

**004**	-12345-0		1234567	
		Designation		
Cheque	(Branch) Ins	ancial titution	Account	

\* Your branch number is the first 4 digits of this 5 digit sequence.