

an Association to practice Chartered Professional Accountancy

Name(s): \_\_\_\_\_

Please include the completed questionnaire with your tax documents when submitted.  
This is a fillable PDF and can be filled out directly on your computer or printed.

**What is your preferred delivery method for your completed tax return? (secure online portal is recommended)**

Online  
Portal

In Person  
(In Office)

Mail/  
Courier

Email

Yes  No

**Has your home address, email address, or phone number changed in the last year?**

*If yes, please provide details in the following field*

Yes  No

**Has your family situation changed in the last year? (ex. births, deaths, marital status, etc.)**

*If yes, please provide details in the following field*

Yes  No

**Has your direct deposit information changed in the last year?**

*If yes, please provide a direct deposit form or void cheque (applicable only in the event that you are due a tax refund)*

Yes  No

**Did you purchase or sell a principal residence or any other real estate?**

*If yes, please provide purchase and sale details*

Yes  No

**Did you receive any tax slips? (T3, T4, T5, T5008, T5013, U.S. tax slips, etc.)**

*If yes, please provide all tax slips you received*

Yes  No

**Did you make any donations to registered charities or political parties?**

*If yes, please provide tax receipts*

Yes  No

**Did you or your immediate family incur any significant medical or dental expenses?**

*If yes, please provide receipts and/or detailed prescription summaries (obtained from your pharmacy)*

Yes  No

**Did you make any RRSP contributions from March 1, 2024 to March 3, 2025?**

*If yes, please provide RRSP contribution slips*

Yes  No

**Did you make any First Home Savings Account (FHSA) contributions?**

*If yes, please provide FHSA contribution slips*

Yes  No

**Did you pay any union/professional dues?**

*If yes, please provide tax receipts*

Yes  No

**Did you pay any child care expenses?**

*If yes, please provide tax receipts*

Yes  No

**Did your employer provide you with a signed T2200 for employment expenses?**

*If yes, please provide a copy along with details of employment expenses*

Yes  No

**Did you (or a child) attend post-secondary education or pay any student loan interest?**

*If yes, please provide T2202 tuition tax receipt(s) and/or student loan interest tax receipt(s)*

Yes  No

**Did you pay or receive any spousal support?**

*If yes, please provide details of amounts as well as the court order/written agreement*

Yes  No

**Did you have any business, rental, or farming activities?**

*If yes, please provide details (or a summary) of all income and expenses*

Yes  No

**Did you hold foreign assets with a combined cost of at least \$100,000 at any time in 2024?**

Yes  No

**Are you a citizen of the United States?**



## Medicine Hat Office

Gaslight Plaza  
307, 579 3 St SE  
Medicine Hat, AB T1A 0H2  
Tel · 403-526-5011  
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## Swift Current Office

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