

2020 PERSONAL INCOME TAX QUESTIONNAIRE

DATE: _____

Personal Information

Social insurance number _____ Birth date _____ Age on Dec. 31 _____

Title _____ First name _____ Initial _____ Last name _____

Nickname _____

Gender Male Female Language of correspondence
 1. English _____

Marital status on December 31 _____

If Client's marital status changed in 2020, enter:

Date of change _____ Previous status _____

Did Client's **last name change** in 2020? Yes No

Is Client a **Canadian Citizen**? Yes No

If you are a **U.S. citizen** Yes No

Green Card holder Yes No

Contact

Care of _____

Street _____

Apartment _____ PO Box _____ PO Box location _____ RR# _____
 PO Box _____ RR _____

City _____

Province / territory _____ Postal code _____

Email address _____

Home phone _____ Work phone _____ Extension _____
 () - () -

Mobile phone _____ Fax _____
 () - () -

Foreign address _____

State / region _____ Country _____ Postal / zip code _____

Residency

Province / territory of residence on
 • December 31, 2020 , or
 • the date Client died or emigrated from Canada

If the province or territory of residence changed
 in 2020 , enter the date of your move: _____

Is the home address the same as the mailing
 address? Yes No

Province or territory where Client **currently resides** if it is **not** the same
 as in the **mailing address** , _____

Residency status _____

If Client became or ceased to be a resident of Canada in 2020, please
 enter:

Entry date _____ Exit date _____

Should non-refundable tax credit amounts be pro-
 rated? Yes No

Proration factor _____

Spouse

Social insurance number _____ Birth date _____

Title _____ First name _____ Initial _____ Last name _____

Nickname _____

Gender Male Female Language of correspondence
 1. English _____

Email address _____

Home phone _____ Work phone _____ Extension _____
 () - () -

Mobile phone _____ Fax _____
 () - () -

Use same address as Client? Yes No

Care of _____

Street _____

Apartment _____ PO Box _____ PO Box location _____ RR# _____
 PO Box _____ RR _____

City _____

Province / territory _____ Postal code _____

State / region _____ Country _____ Postal / zip code _____

^ Credits

Is Client claiming the **disability amount**? Yes No

If Yes, does CRA have a **valid T2201** on file? Yes No

If Yes, does the T2201 have an expiry date? Yes No

T2201 expiry date _____

Education amount

In the year, did Client have a mental or physical impairment, certified by a doctor, the effects of which are such that they cannot reasonably be expected to be enrolled as a full-time student? Yes No

Canada caregiver amount (supplement to the spousal amount)

Was Spouse dependant on Client due to mental or physical infirmity? Yes No

Volunteer Firefighter or Search & rescue credits

If Client qualifies, claim the:

federal volunteer firefighters' amount

federal search & rescue volunteers' amount

Climate action incentive

Is Client **exempt from income tax** in Canada at any time in 2020 because you were an officer or servant of the government of another country, such as a diplomat, a family member who resided with such a person, or an employee of such a person? Yes No

Is Client a person in respect of whom a **children's special allowance (CSA)** was payable at any time in 2020? Yes No

Life events

If Client is deceased, enter **date of death**..... _____

Legal representative Title _____

Legal representative email address Mobile phone
() - _____

Type of return _____

The final return includes certain income from a _____

Section 104(13.4) election? Yes No

If Spouse is deceased, enter date of death..... _____

If Client is **bankrupt**, enter date of bankruptcy _____

Type of return _____

Date of discharge _____

Confinement to a **prison** or similar institution
(check if applicable)

	Client	Spouse
Confined for more than 90 days in 2020 (S6)	<input type="checkbox"/>	<input type="checkbox"/>
Confined on Dec 31, 2020 and were there for 6 months or more	<input type="checkbox"/>	<input type="checkbox"/>
Confined on December 31, 2019 and for the first 179 days of 2020	<input type="checkbox"/>	<input type="checkbox"/>

Climate action incentive - Spouse

Is Spouse **exempt from income tax** in Canada at any time in 2020 because you were an officer or servant of the government of another country, such as a diplomat, a family member who resided with such a person, or an employee of such a person? Yes No

Is Spouse a person in respect of whom a **children's special allowance (CSA)** was payable at any time in 2020? Yes No

^ Filing

Provide information to **Elections Canada**? Yes No

Did Client own **foreign property** at any time in 2020 with a total cost of more than \$100,000? Yes No

Did Client sell a **home** in 2020 and want to claim the principal residence exemption? Yes No

Is Client's **income zero**? Yes No

Is Client filing for the **first time** in 2020? Yes No

Are returns for **prior years** being filed at the same time as the 2020 return? Yes No

Is this return **discounted**? Yes No

Filing a return for a **seasonal agricultural worker**? Yes No

Purpose _____

Contact person for this return

Client authorizes you to **represent** them for this return only? Yes No

If Yes, enter expiry date, if applicable: _____

Pre-assessment contact _____

Post-assessment contact _____

T183 - Delivery of the notice of assessment

How does Client want to receive their **Notice of assessment (NOA)**?
..... _____

and/or

Online mail:
..... _____

Note: The client can choose to have the preparer receive a copy, as well as be signed up for online mail.

Signing date Always use today



Dependent information:

Full Name: _____

Date of Birth: _____

Relationship:(Son)(Daughter)_____

Social Insurance Number:_____

Full Name:_____

Date of Birth:_____

Relationship: (Son) (Daughter):_____

Social Insurance Number:_____

Full name:_____

Date of Birth:_____

Relationship:(Son)(Daughter)_____

Social Insurance Number:_____

Full Name:_____

Date of Birth:_____

Relationship: (Son) (Daughter)_____

Social Insurance Number: _____

For additional dependents, please list below full information:

