

## RETURNING CLIENT QUESTIONNAIRE 2021

|                             |                    |
|-----------------------------|--------------------|
| <b>Primary Contact Name</b> | <b>Spouse Name</b> |
| Phone (Home)                | Phone (Home)       |
| Phone (Cell)                | Phone (Cell)       |
| Email                       | Email              |

|   |  |
|---|--|
| Has your address changed? If so, please record. | Previous address – if moved during the year<br><br>Date of move: |
|---|--|

| Dependent Name (enter only if changes) | Social Insurance No. | Date of Birth (Month/Day/Year) |
|--|----------------------|--------------------------------|
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| Marital status on December 31 <sup>st</sup> (circle one) Single Married Common-law Divorced Separated Widowed<br>If marital status changed during the year, provide the date of change:   |        |
| Do you have, or share, custody of a child after a relationship breakdown?   | Yes No |
| Did you own or hold foreign property with a cost of \$100,000 or more <b>at any time</b> during the year (Including United States property and/or shares/stocks)?   | Yes No |
| Do you spend the winter in the United States? Are you a U.S. citizen, Green Card Holder, or were you, or your parents born in the United States?  | Yes No |
| May CRA provide information to Elections Canada?  | Yes No |
| Did you receive interest, dividends or benefits from a business in which a relative is a key party (in terms of ownership or involvement)?  | Yes No |
| Internet Business Activity: Do you have a webpage or websites that earn income?   | Yes No |
| Are you missing any information slips (T4, T5, T4A, etc.)? If yes, provide details.   | Yes No |
| As a Canadian resident, have you reported income from all sources, both inside and outside Canada?  | Yes No |
| Did you receive a retroactive lump-sum payment over \$3,000 (eg. Spousal support)? In certain cases, some tax relief may be available.  | Yes No |
| Did you receive income, support or benefits under COVID-19 relief programs (CERB, CRB) or any federal government support for business, rental or other income (CEBA, CERS, CEWS)?   | Yes No |
| Did you receive any significant prizes or awards from your or a related person's place of employment?   | Yes No |
| Did you incur costs to access medical intervention in order to conceive a child which was not previously allowed as a medical expense? Amounts may be claimed in respect of any such expense for the previous 10 years.   | Yes No |
| Did you sell your principal residence during the year? If yes, please provide:<br>Address of property _____<br>Year of acquisition _____ Proceeds of Disposition \$ _____   | Yes No |
| Did you purchase a new home during the year? If so, you may be eligible for the new residential property GST/HST rebate. Are you a first-time home buyer in 2021? A tax credit based on \$5,000 (@ 15%=\$750).  | Yes No |
| Are you disabled or any of your dependents disabled? If so, provide Form T2201, Disability Tax Credit Certificate. The transfer rules allow claims for certain dependent relatives such as parents, grandparents, child, grandchild, brothers, sisters, aunts, uncles, nephews or nieces. In addition, are you, or would you like to provide support to a disabled person? Tax planning opportunities may be available, such as the establishment of a Registered Disability Savings Plan.<br><br>Persons with disabilities also may receive tax relief for the cost of disability supports (eg. sign language services, talking textbooks, etc.) incurred for the purpose of employment or education. If you or your dependents are disabled but don't have a T2201 Form, please provide details so we can explore whether you are eligible for special credits of benefits. | Yes No |

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| Did you provide In-home care for an infirm dependent relative, a federal credit may be available. Are you a caregiver for any infirm family members?   | Yes   | No   |
| Did you have significant medical expenses during the year? If yes, please refer to <a href="https://www.canada.ca/en/revenue-agency/services/forms-publications/publications/rc4065/medical-expenses.html">https://www.canada.ca/en/revenue-agency/services/forms-publications/publications/rc4065/medical-expenses.html</a> for more information as well as the medical expense worksheet | Yes   | No   |
| Have there been any changes in family circumstance that could affect the Goods and Services Tax Credit, such as births, deaths, marriages, reaching the age of 19 years, and becoming or ceasing to be a resident in Canada?   | Yes   | No   |
| Have there been any significant life events in the past year, such as the death or impairment of a loved one? There can be tax planning opportunities  | Yes   | No   |
| Do you have a will? Many problems may arise, if there is no will in place.   | Yes   | No   |
| How would you like to receive correspondence from us in the future (please circle)?  | Email | Mail |
|  |       |      |

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| <b>Northern Residents Deduction:</b>  |     |    |
| 1. Did you reside in a prescribed northern zone for a continuous period of at least six consecutive months? If not the full year, provide dates:<br>from _____ to _____.  | Yes | No |
| 2. Please provide supporting documentation (property tax notice, rent receipts, utility bill).  |     |    |
| 3. Will any others who are sharing this residence be claiming the Northern Residents deduction?   | Yes | No |
| 4. Does your T4 include Box 32 Northern Travel? If yes, provide information for two trips you took during the year including dates, destination, and names of all family members travelling. Please refer to <a href="https://www.canada.ca/en/revenue-agency/services/forms-publications/publications/rc4650/northern-residents-deductions.html#cycdtb">https://www.canada.ca/en/revenue-agency/services/forms-publications/publications/rc4650/northern-residents-deductions.html#cycdtb</a> for more information as well as the Northern Travel Benefit worksheet. | Yes | No |

It is understood that you will provide us with accurate and complete information necessary to compile your personal tax return. We will not audit, review or otherwise attempt to verify the accuracy or completeness of any information provided. The responsibility for the accuracy of the information and completeness of the representations reflected in your return remains with you.

To Brenda Friedel Professional Corporation, I confirm the following:

To the best of my knowledge and belief, the information provided is complete and accurate, reflecting all sources of income. Business expenses (if applicable), including but not limited to, remuneration paid to family members, business use of personal vehicle and home office, meals, entertainment and travel are reasonable and were incurred to earn business income.

**I certify the above answers and certification to be true and correct.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OTHER COMMENTS OR INFORMATION:**