

To help us prepare your tax returns, please complete this fillable PDF as required and return it to us with your tax information.

Please call us at: (905) 829-3701 for an appointment.

A. Personal and Family Data

| Your Name | |
|--|-----------------------------|
| Your Date of Birth | |
| Your Place of Birth | |
| Country of Citizenship | |
| Your SIN | |
| Your US SSN / ITIN | |
| | |
| Your Occupation | |
| Home Address | |
| Business Address | |
| Home Phone | |
| Business Phone | |
| Cell Phone | |
| Email Address | |
| Business email address | |
| Spouse's Name | |
| Spouse's Date of Birth | |
| Spouse's Place of Birth | |
| Spouse's Country of Citizenship | |
| Spouse's SIN | |
| Spouse's US SSN / ITIN | |
| Spouse's Occupation | |
| 1. If your marital status changed in 2 | 024, please provide details |
| Date of change | |
| Separation Agreement | Yes 🗌 No 🗌 |
| If Yes (Please provide a copy of se | eparation agreement) |
| | |
| 2. If we do not prepare your spouse' their net income for 2024 | |
| 3. Do you wish to be contacted by H | |
| regarding any of the following se | |
| 1. Financial check-up | Yes 🗌 No 🗌 |
| 2. Tax and estate planning | Yes No |

- **2.** Tax and estate planning
- **3.** Review of investments 4. Retirement planning
- **5.** Review of insurance
- **6.** US tax filings

| Yes | \Box | No | |
|-----|--------|----|--|
| Yes | | No | |

2024 Personal Tax Questionnaire

Please download and save this document prior to editing.

Dependent Children

| (Indicate | if by | previous | marriage | of you | or your | spouse, | or by |
|-----------|-------|----------|----------|--------|---------|---------|-------|
| adoption |) | | | | | | |

| Name | |
|---|--|
| Date of Birth | |
| SIN | |
| US SSN /ITIN | |
| Income of child | |
| Disability / Impairment | |
| Name | |
| Date of Birth | |
| SIN | |
| US SSN/ITIN | |
| Income of child | |
| Disability / Impairment | |
| Name | |
| Date of Birth | |
| SIN | |
| US SSN/ITIN | |
| Income of child | |
| Disability / Impairment | |
| Name | |
| Date of Birth | |
| SIN | |
| US SSN/ITIN | |
| Income of child | |
| Disability / Impairment | |
| Other Dependents (ie parents, grandparents) | |
| Name | |

| Date of Birth | |
|-------------------------|--|
| Income | |
| Disability / Impairment | |
| Name | |
| Date of Birth | |
| Income | |
| Disability / Impairment | |
| | |



B. Required Information

2024 Personal Tax Questionnaire

1. Do you consent to allow CRA to share your contact information (name, email address) to Ontario Health so that Ontario Health may contact or send information to you regarding No organ & tissue donation? 2. Do you want Canada Revenue Agency (CRA) to forward your name, address and date of birth to Elections Canada for updating of the National Register of Electors? Yes 3. Do you have direct deposit instructions in place? If you would like to set up direct deposit with the CRA, please let us know and we will contact you to obtain the information required: Please contact me to set up direct deposit. Do not contact me. Yes No 4. If you have the following items, please indicate and provide them for our review: **Copy of your 2023 return** (*If Henderson Partners did not prepare it*) □ Copy of your 2023 Notice of Assessment RRSP contribution limit advice notice if separate from your assessment notice □ Correspondence received from CRA during 2024 □ GST/HST return for self-employed individuals □ Installment confirmation/reminder received for March 2025 – Total 2024 installments \$ Details of any stock options exercised during 2024 2024 realty tax bill for residence and/or amount of rent paid for residence Disposition of a principal residence in 2024 Please provide us with address, year of acquisition and proceeds of disposition. Did you dispose of a housing unit or a right to acquire a housing unit located in Canada that you owned or held for less than 365 consecutive days in 2024? □ Details of any foreign property owned in the year if total cost exceeds \$100,000. Please note: That failure to report foreign property holdings on Form T1135 on an annual basis could result in significant penalties being assessed. Foreign property holdings include (among other things): (1) funds in foreign bank accounts (2) shares of foreign corporations (public or private) (3) foreign rental property (4) debts owed by non-residents (5) other foreign assets (contact us to discuss) U.S. Tax Filing Requirement (*if applicable*) f

| Closer Connection Form: | If you spent more than | 120 days in the U.S., | please provide the number | er of days in the U.S. in each o |
|-------------------------|------------------------|-----------------------|---------------------------|----------------------------------|
| 2022 | 2023 | | 2024 | |

5. Income

Please indicate by checking the boxes 'X' if the following sources of income apply to you for 2024. Please enclose all tax reporting and other information slips supporting these sources of income.

Employment and related (T4), (W-2) (US), etc. If no slip, provide amount: \$____

Old Age Security(T4A)(OAS)

Canada Pension Plan(T4A)(P)

RRSP Income(T4RSP)(T4RIF)

Other Pensions(T4A)(T4A-RCA)

Employment Insurance (T4E)

Interest, Dividends and other investment income (T3) (T5) (T5008) (1042-US) (1099-US) etc.

(If joint accounts, please segregate)



Henderson Partners LLP

CPAs & Advisors

2024 Personal Tax Questionnaire

| | Partnership Income (T5013 slips, financial statements, etc.) |
|-----------|---|
| П | Alimony or Child support received – Details: |
| Н | Capital Gains or Losses - If you disposed of any property during 2024 (such as real estate, stocks, bonds, etc.), please provide us |
| | with a description of the property, year of acquisition, cost of acquisition, proceeds of disposition and costs of disposition. |
| | Also provide original purchase and sale documentation if available. Copies of your broker's trade summaries for the year of |
| | purchase(s) and sale(s) may also be provided. |
| | Foreign Property Transactions/Reporting - Please provide details of the following: (1) any income or realized gains/losses from foreign property, (2) any loans or transfer of funds to a non-resident trust in the year, (3) any funds or property received from a non-resident trust of which you were beneficially interested, (4) an interest in a foreign corporation where you together with related persons hold a greater than 10% equity percentage and/or (5) any ownership interest in the shares/units of a foreign entity (corporation, trust or partnership) that is not publicly traded. Details: |
| | Any other sources of income: Please provide details: |
| | Rental Income – Please provide financial statements or complete schedule (page 6) |
| | Did you have any short-term rentals (ie. Airbnb, VRBO etc.)? |
| | □ If you had short-term rental income, was the rental property compliant with the applicable Provincial or Municipal licensing permitting or registration requirements? |
| | Business (self-employed) income. Please provide financial statements or complete schedule (page 7 & 8) |
| | |
| | ctions/Tax Credits |
| | dicate by checking the boxes 'X' if the following deductions/tax credits apply to you for 2024. Please enclose all tax |
| reporting | and other information slips supporting these deductions/tax credits. |
| | RRSP Contributions – please provide original contribution receipts for all contributions made during 2024 and the first 60 days of 2025. In addition, if you participate in an RRSP homebuyer's plan, please provide annual statement or details of withdrawal. If you have overcontributed to your RRSP and require a Form T1-OVP to be filed, please let us know so that we may file for you before the March 31 deadline. |
| | First Home Savings Account (FHSA) - please provide receipts for FHSA contributions made during the 2024 calendar year |
| | Union Dues and Professional Association Fees |
| | Attendant Care Expenses |
| | Child Care Expenses – If a T4 or receipt is not being provided, please include the name, address and social insurance number of the childcare provider: |
| | • Name: |
| | • Address: |
| | • SIN: |
| | • Amount paid: \$ |
| | Spousal or Child Support Paid – Provide copy of the agreement (if there has been a change or amendment). • Spousal support <u>\$</u> |
| | • Child support \$ |
| | (may not be deductible if agreement made or varied after April 30, 1997) |
| | Carrying charges and other costs related to earning investment income |
| | • Interest paid to earn investment income \$ |
| | Accounting or investment counsel fees \$ |
| | Other related expenses:\$\$ |
| | Woving Expenses \$ |
| | Please provide details (i.e. receipts, employer reimbursements, etc.) of moving expenses related to business, professional, |
| | employment and/or education transfers including costs of maintaining vacant former residence. The move should be in excess |
| | of 40 km closer to new place of employment or business. |
| | Legal Expenses:\$ |
| | Please provide information related to any legal costs you incurred in order to earn or receive employment, pension or other |
| | amounts due to you. |
| | Employment/Commission Expenses – please complete the schedule on page 5. Please provide us with a copy of the signed form |
| | T2200 from your employer which is required to claim employment expenses. |



Henderson Partners LLP

CPAs & Advisors

2024 Personal Tax Questionnaire

| | Other expenses – Details: \$ |
|--------|--|
| | Tuition and Education Amounts – please have Form T2202/T2202A "Tuition, Education and Textbook Amounts Certificate" signed by |
| | the student if tuition amount is to be transferred from a child or grandchild. |
| | Students attending a university outside of Canada should complete Form TL11A "Tuition, Education and Textbook Amounts |
| _ | Certificate – University Outside Canada". |
| \Box | Charitable and Political donations. Please note that cash donations made until February 28, 2025 may be claimed on the 2024 return. |
| | Medical Expenses - provide original receipts for amounts paid for medical services, devices, prescriptions and provide details of any |
| | medical insurance you are paying. If any of the expenses were reimbursed by an insurance company, please provide details of the |
| | amount reimbursed. Where you are paying for an attendant to provide care in the home, please provide the name, address, and |
| | SIN of the recipient. |
| | Disability amounts – please provide a signed form T2201 if you or dependent is claiming disability because of mental or |
| | physical impairment. |
| \Box | Interest on student loans – provide 2024 Interest Summary from financial institution. |
| | First-time Home Buyers' Tax Credit – did you or your spouse purchase your first home between January 1, 2024 and |
| | December 31, 2024? Yes |
| | Home Accessibility Tax Credit - please provide 2024 eligible expenses for home renovations that allow a qualifying individual to gain access or |
| | be mobile in the home. |
| | Digital News Subscription Credit - please provide 2024 receipts for qualifying expenses (up to \$500 maximum) that includes amounts paid for |
| | a digital news subscription with a qualified Canadian journalism organization (a digital news subscription must give access to digital content |
| | that is primarily written news) |
| | Multigenerational Home Renovation Tax Credit (MHRTC) - please provide receipts for qualifying expenditures incurred during 2024 (up to |
| _ | maximum of \$50,000) to assist with the cost of renovating an eligible dwelling to establish a secondary unit that enables a qualifying individual |
| | (a senior (over 65 years of age) or an adult who is eligible for the disability tax credit) to live with the related taxpayer. |
| | Volunteer Firefighters' Amount. (Please note that you must have completed at least 200 eligible volunteer hours to qualify). |
| | Search & Rescue Volunteers' Amount. (Please note that you must have completed at least 200 eligible volunteer hours to qualify). |
| | |
| \Box | Other federal and provincial tax credits: |
| | Details: Ś |



2024 Personal Tax Questionnaire

Commission Expenses/Employment Expenses

| Advertising, promotion and gifts | \$ |
|--|----------------------|
| Meals & Entertainment - please provide 100% of the costs (50% deductible) | \$ |
| Office supplies (stationary, publications, etc.) | \$ |
| Communications (cell phone, pager, email) | \$ |
| Business telephone (separate line) | \$ |
| Professional fees (legal, accounting) | \$ |
| Professional development (training, etc.) | \$ |
| Salaries or commissions paid | \$ |
| Travel and lodging | \$ |
| Other: | \$ |
| | τ |
| Automobile Expense | |
| (a) Acquisition cost vehicle (if purchased in 2024) (if applicable) | \$ |
| Please provide us with a copy of purchase or lease agreement if entered into in 20 | 24 |
| Proceeds from disposal of old car during 2024 (if applicable) | \$ |
| (b) Total kilometers driven during 2024 | |
| Number of kilometers which pertain to business use | |
| (c) Details of car expense including the following: | |
| Gas/oil/fluids | \$ |
| Repairs/maintenance | \$ |
| Insurance | \$ |
| License and registration | \$ |
| Car Loan interest | \$ |
| Lease payments | \$ |
| Carwash/ CAA / 407 ETR | \$ |
| Parking | \$ |
| (d) Car allowance/mileage reimbursements received if any | \$ |
| Note: Non-commission employees require form T2200 to be signed by your employ | ver. |
| Work Space in the Home | |
| (a) Expenses | |
| Heat | \$ |
| Electricity | \$ |
| Water | \$ |
| Maintenance and repairs | \$ |
| Insurance - property | \$ |
| Property Tax | ÷ |
| Note : Insurance and property tax deductible only by commission employees. | ې |
| (b) Total square footage of home | |
| | ge use for business: |
| | |



2024 Personal Tax Questionnaire

____ ____

Statement of Rental Operations

| | Address of rental property: | |
|---|---|-------------------|
| | Ownership of the property (taxpayer, spouse, joint, other parties (include%): | |
| | Number of Days of Personal use of the rental property (if any): | |
| | Income | |
| | Gross rents received (excluding deposits) | \$ |
| | Other related income: | \$ |
| | Expenses | |
| | Advertising | \$ |
| | Insurance | Ś |
| | Interest | Ś |
| | Maintenance and repairs | \$ |
| | Management and Administration fees | \$ |
| | Motor vehicle | \$ |
| | Legal, accounting and professional fees | \$ |
| | Property taxes | \$ |
| | Salaries, wages and benefits | \$ |
| | Travel | \$ |
| | Utilities | \$ |
| | Condo fees | \$ |
| | Other: | \$ |
| | Other: | \$ \$ |
| | Details of asset acquisitions (i.e. furniture, appliances, paving, capital improvements, e | tc.) during 2024: |
| | Asset: | \$ <u> </u> |
| | Asset: | \$ |
| | Asset: | <u>\$</u> |
| | If the property uses convited in 2024, places provide the | |
| Ш | If the property was acquired in 2024, please provide the following: Acquisition price (include copy of the purchase agreement) | * |
| | | \$ |
| | Land Transfer Tax, legal and other costs relating to acquisition | \$ |
| | Allocation of purchase price between land/building (%) | (%) |
| | If the property was disposed of in 2024, please provide the following: | |
| | Selling price of property (include copy of sales agreement) | \$ |
| | Capital cost (original purchase price plus capital improvements) | |
| | Allocation of purchase price between land/building (%) | (%) |
| | Real Estate Commissions paid | \$ |
| | Legal expenses | \$ |
| | Other expenses: | \$ |



2024 Personal Tax Questionnaire

Statement of Business Activities (see T2125 Worksheet)

| | Name of Business: |
|--------|---|
| | Address of Business (if different from address on tax return): |
| | Description of Business: |
| | Canada Revenue Agency Business Number (BN#): |
| \Box | Is the business registered for GST/HST? Yes \Box No \Box |
| | GST/HST Return (indicate by checking box): Prepared by client To be prepared by HP N/A |
| | Were there any sales outside of Ontario (i.e. other provinces, foreign sales, etc.)? Yes 🗆 No 🗆 |
| | % of revenue generated from Online Sales (if any): % |

| | Net Amount (before HST) | HST13% | TOTAL (incl. HST) |
|--|-----------------------------------|--------|-----------------------------|
| Income | () | | (|
| Sales, commissions or fees | \$ | \$ | \$ |
| Cost of Goods Sold | | | |
| Opening inventory | \$ | \$ | \$ |
| Purchases | \$ | \$ | \$ |
| Direct wage costs | \$ | n/a | n/a |
| Sub-contracts | \$ | \$ | \$ |
| Less: Closing inventory | \$ | \$ | \$ |
| Expenses | | | |
| Advertising and promotion | \$ | \$ | \$ |
| Meals and Entertainment (enter 100%) | <u>\$</u> | \$ | \$ |
| Bad Debts | <u>\$</u> | \$ | \$ |
| Insurance | \$ | n/a | n/a |
| Interest | \$ <u> </u> | n/a | n/a |
| Business tax, licenses, dues, memberships, subscriptions | <u>\$</u> | \$ | \$ |
| Office expenses | \$ | \$ | Ş |
| Supplies | \$ | \$ | \$ |
| Legal and accounting | <u>\$</u> | \$ | \$ |
| Management and Administration fees | \$ | \$ | Ş |
| Rent | <u>\$</u> | \$ | \$ |
| Maintenance and repairs | <u>\$</u> | \$ | Ş |
| Salaries, wages and benefits | \$ | n/a | n/a |
| Property tax | \$ | n/a | n/a |
| Travel expenses | \$ | \$ | \$ |
| Telephone | \$ | \$ | \$ |
| Utilities | \$ | \$ | \$ |
| Delivery, freight and express | \$ | \$ | \$ |
| Motor Vehicle Expenses (See below on page 8) | \$ | \$ | \$ |
| Private health services plan premiums | \$ | n/a | n/a |
| Other: | \$ | \$ | \$ |
| Business use of home expenses (See below on page 8) | \$ | \$ | \$ |



Details of Asset Acquisitions During 2024

| | Description of Asset | | Date Acquired | | Amount | GST/HST | Total |
|--|---------------------------------|-----|---------------|----|-----------------------------------|---------|-----------------------------|
| - | | - | | | | | |
| - | | - | | | | | |
| - | | - | | | | | |
| Details o | of Asset Dispositions During 20 |)24 | | | | | |
| | Description of Asset | | Date Disposed | | Amount | GST/HST | Total |
| - | | - | | | | | |
| - | | - | | | | | |
| Automo | bile Expense | | | | Net Amount (Before HST) | HST13% | TOTAL (Incl. HST) |
| Acquisition Cost (if purchased in 2024) | | | \$ | | \$ | \$ | |
| (provide copy of purchase or lease agreement) | | | \$ | | \$ | Ś | |
| Proceeds from disposal of vehicle during 2024 (if applicable) Total kilometers driven during 2024 | | | | | | | |
| | r of kilometers which pertai | | | | | | |
| | | | | | | | |
| Expenses Gas/oil/fluids | | | | Ś | | \$ | <u>\$</u> |
| Repairs/maintenance | | | | Ś | | \$ | \$ |
| Insurance | | | | \$ | | n/a | n/a |
| License and Registration | | | \$ | | n/a | n/a | |
| Interest on car loan | | | \$ | | n/a | n/a | |
| Lease payments | | | | \$ | | \$ | \$ |
| Car wash/CAA/407 ETR | | | | \$ | | \$ | \$ |
| Parking | | | | \$ | | \$ | \$ |
| Car allowance/reimbursement received, if any | | | ý | \$ | | \$ | \$ |
| Business | Use of Home Expenses | | | | | | |
| Heat | | | | \$ | | \$ | \$ |
| | Electricity | | | \$ | | \$ | <u>\$</u> |
| Insurance | | | | \$ | | n/a | <u>n/a</u> |
| Maintenance | | | | \$ | | \$ | <u>\$</u> |
| Mortgage interest | | | | \$ | | n/a | n/a |
| Property taxes | | | \$ | | n/a | n/a | |
| Other: | | | | \$ | | \$ | <u>\$</u> |
| | | | | | | | |

| Total square footage of home |
|--|
| Square footage of home used for business |
| Percentage of home used for business |