



2025 Personal Tax Questionnaire

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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 2025, please provide details

Date of change _____

Separation Agreement **Yes** **No** |

If Yes (Please provide a copy of separation agreement)

2. If we do not prepare your spouse's return, please provide us with their net income for 2025 \$ _____

3. Do you wish to be contacted by Henderson Partners in May regarding any of the following services we offer:

- | | | | | |
|----------------------------|-----|--------------------------|----|--------------------------|
| 1. Financial check-up | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Tax and estate planning | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Review of investments | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Retirement planning | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Review of insurance | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. US tax filings | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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

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 organ & tissue donation? Yes No

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 No

3. Do you have direct deposit instructions in place? Yes No
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:

Yes Please contact me to set up direct deposit. No Do not contact me.

4. If you have the following items, please indicate and provide them for our review:

- Copy of your 2024 return (If Henderson Partners did not prepare it)
- Copy of your 2024 Notice of Assessment
- RRSP contribution limit advice notice if separate from your assessment notice
- Correspondence received from CRA during 2025
- GST/HST return for self-employed individuals
- Installment confirmation/reminder received for March 2026 – Total 2025 installments
- Details of any stock options exercised during 2025
- 2025 realty tax bill for residence and/or amount of rent paid for residence
- Disposition of a principal residence in 2025, including a change in use of your principal residence to a rental property
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 2025?
- 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)

Closer Connection Form: If you spent more than 120 days in the U.S., please provide the number of days in the U.S. in each of
2023 _____ 2024 _____ 2025 _____

5. Income

Please indicate by checking the boxes 'X' if the following sources of income apply to you for 2025.

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)
- T4FHSA
- 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)



- Partnership Income** (T5013 slips, financial statements, etc.)
 - Alimony or Child support received – Details:** _____
 - Capital Gains or Losses** - If you disposed of any property during 2025 (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.
 - Sales of any Crypto-assets** – please provide sale proceeds and original costs
 - 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?
 - Did you change the use of your rental property to personal-use during the year? If so, please provide details: _____
-
- Business (self-employed) income.** Please provide financial statements or complete schedule (page 7 & 8)

C. Deductions/Tax Credits

Please indicate by checking the boxes ‘X’ if the following deductions/tax credits apply to you for 2025. 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 2025 and the first 60 days of 2026. 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 2025 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 \$ _____
 - 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: _____ \$ _____
- Moving 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.
- 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”.
- Charitable and Political donations.**
- 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.
- Interest on student loans** – provide 2025 Interest Summary from financial institution.
- First-time Home Buyers’ Tax Credit** – did you or your spouse purchase your first home between January 1, 2025 and December 31, 2025? Yes
- Home Accessibility Tax Credit** - please provide 2025 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 2025 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 2025 (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).
- Other federal and provincial tax credits:**
Details: _____ \$ _____



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: \$ _____

Automobile Expense

(a) Acquisition cost vehicle (if purchased in 2025) (if applicable) \$ _____
Please provide us with a copy of purchase or lease agreement if entered into in 2025

Proceeds from disposal of old car during 2025 (if applicable) \$ _____

(b) Total kilometers driven during 2025 _____
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 employer.

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.

(b) Total square footage of home _____
Square footage of home used for business: _____ Percentage use for business: _____



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 \$ _____
Interest \$ _____
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, etc.) during 2025:
 - Asset: _____ \$ _____
 - Asset: _____ \$ _____
 - Asset: _____ \$ _____

- If the property was acquired in 2025, 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 2025, 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: _____ \$ _____



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#): _____
- Is the business registered for GST/HST? Yes No
- 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%)	\$ _____	\$ _____	\$ _____
Bad Debts	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	n/a	n/a
Interest	\$ _____	n/a	n/a
Business tax, licenses, dues, memberships, subscriptions	\$ _____	\$ _____	\$ _____
Office expenses	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Legal and accounting	\$ _____	\$ _____	\$ _____
Management and Administration fees	\$ _____	\$ _____	\$ _____
Rent	\$ _____	\$ _____	\$ _____
Maintenance and repairs	\$ _____	\$ _____	\$ _____
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 <i>(See below on page 8)</i>	\$ _____	\$ _____	\$ _____
Private health services plan premiums	\$ _____	n/a	n/a
Other: _____	\$ _____	\$ _____	\$ _____
Business use of home expenses <i>(See below on page 8)</i>	\$ _____	\$ _____	\$ _____



Details of Asset Acquisitions During 2025

Description of Asset	Date Acquired	Amount	GST/HST	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Details of Asset Dispositions During 2025

Description of Asset	Date Disposed	Amount	GST/HST	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Automobile Expense

	Net Amount <i>(Before HST)</i>	HST13%	TOTAL <i>(Incl. HST)</i>
Acquisition Cost (if purchased in 2025) (provide copy of purchase or lease agreement)	\$ _____	\$ _____	\$ _____
Proceeds from disposal of vehicle during 2025 (if applicable)	\$ _____	\$ _____	\$ _____
Total kilometers driven during 2025 _____			
Number of kilometers which pertain to business use _____			

Expenses

Gas/oil/fluids	\$ _____	\$ _____	\$ _____
Repairs/maintenance	\$ _____	\$ _____	\$ _____
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	\$ _____	\$ _____	\$ _____

Business Use of Home Expenses

Heat	\$ _____	\$ _____	\$ _____
Electricity	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	n/a	n/a
Maintenance	\$ _____	\$ _____	\$ _____
Mortgage interest	\$ _____	n/a	n/a
Property taxes	\$ _____	n/a	n/a
Other:	\$ _____	\$ _____	\$ _____

Total square footage of home _____

Square footage of home used for business _____

Percentage of home used for business _____