

1. Client Information

Please fill out this section in full.

Name	Birthdate (yyyy/mm/dd)	Please watch for an email from our iFirm portal
<input type="text"/>	<input type="text"/>	Follow instructions to sign up to your secure portal

Email (required)	Preferred Contact Method	Phone	For what years are we preparing/filing tax returns?
<input type="text"/>	<input type="checkbox"/> Email <input type="checkbox"/> Phone	<input type="text"/>	<input type="text"/>

Mailing Address	City	Postal Code	Province
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Marital Status: Single Married Divorced Common Law Widowed Separated

Filing for spouse?	Do you have any dependants?	Filing for other family members?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please fill out sections 2 to 4 based on your answers above. Then proceed to Page 2 and fill out Section 5, which is REQUIRED.

2. Spouse Information

Spouse's Name	Birthdate (yyyy/mm/dd)	Preferred Contact Method	Phone
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Email <input type="checkbox"/> Phone	<input type="text"/>

Spouse's Email (required if filing for them)

3. Dependant Information

	Name	Birthdate (yyyy/mm/dd)	Are we preparing their return?			
			M	F	Yes	No
1.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Other Family Members Information

Only fill out this section if you want us to prepare/file returns for other family members (e.g., parents).

	Name	Birthdate (yyyy/mm/dd)	M	F	Relationship to you
1.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Please continue to the REQUIRED QUESTIONS on Page 2

5. Required Questions

Please answer all of the questions below and provide details as applicable. Some sub-questions have 'N/A' as an option, which means YES or NO is 'not applicable.'

For a detailed review of income, tax deductions, and tax credits, see our [2025 Detailed Personal Tax Checklist](#)

Questions	Yes	No	Details (Text adjusts to fit space)
1. Did you or your spouse hold foreign income producing real estate, securities traded on a foreign stock exchange, foreign bank accounts, and/or foreign loans that had a cost greater than \$100,000 at any time during 2025?			
2. Did you sell your home in 2025 or 2026?			
3. Did you operate a short-term rental (AirBnB, VRBO) in 2025?			
3A. If Yes to Q3. was the rental property compliant with Provincial and Municipal licensing, permitting, and registration requirements for the entire 2025 calendar year?			
3b. If Yes to Q3. was there a change from short-term to long-term rental (or vice versa) in 2025 or 2026? Short-term rental eligibility			
4. Are you a Canadian Citizen? If NO, please provide your citizenship status.			
5. Are you, your spouse, or any dependent family member eligible for the Disability Tax Credit? DTC			
6. Did you create a secondary unit in your home for a senior or disabled family member? MHRTC			
7. Did you open a First Home Savings Account in 2025? FHSA			
8. Do you authorize the Canada Revenue Agency (CRA) to make your name available to update Elections Canada?			N/A
9. Any change in marital status in 2025? If Yes, provide details and date of change.			
9. Did you provide us with a copy of prior year's tax return?			
10. Do you authorize CRA to provide your email address to the Gov't of AB & Ministry of Hospital and Surgical Health Services to receive information on organ and tissue donation?			
11. a) Are you enrolled for Direct Deposit with CRA?			N/A
b) If you ARE enrolled for Direct Deposit with CRA, has your banking information changed in 2025 or 2026?			N/A
Please note: Banking information can ONLY be changed by updating it through your "My Account" with CRA			
12. Have you provided us with all information that is needed to complete this tax return? If not, what is missing?			