



LUCAS FAGANELY TAX SERVICES

### Client Information

Please fill out one form per filer. How late can we call at night? \_\_\_\_\_

Name \_\_\_\_\_ SIN \_\_\_\_\_ DOB \_\_\_\_\_  
Email (for e-signature) \_\_\_\_\_ Phone \_\_\_\_\_

First time filing a tax return with CRA?

Spouse / Partner (if applicable)

Name \_\_\_\_\_ SIN \_\_\_\_\_ DOB \_\_\_\_\_

#### Marital Status

Single  Married  Common-Law  Separated  Divorced  Widowed

If status changed in 2025, enter date: \_\_\_\_\_

### Current Address

Street Address \_\_\_\_\_ Unit/Apt \_\_\_\_\_

PO Box (if applicable) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Moved in the last year?  Rent Paid: \_\_\_\_\_ Property Tax Paid: \_\_\_\_\_

### Dependants (not filing a return; If more than 2 please add to additional info below)

Name \_\_\_\_\_ DOB \_\_\_\_\_ SIN \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SIN \_\_\_\_\_

### Representative Authorization

Due to changes within CRA's authorization policy, you may be required to accept our authorization in your CRA online account. If not possible, please provide us with a copy of a Notice of Assessment from your most recently filed tax return.

Choose one (Note: first time filing with us only):

I will approve authorization through CRA online account:

I will provide a previous tax year Notice of Assessment:

### Correspondence Preference

For efficiency, we prefer to send documents requiring signatures through our secure e-signing program to your provided email. If you wish to sign documents (T183, Pension Splitting etc) in person, please let us know.

Choose one:

Use e-signature service to provided e-mail address above:

In-person signature only:

## Business, Rental, or Employment Situations

**Self-employed**

*HST registered HST number:* \_\_\_\_\_

If yes, please complete a Business Information form.

**Earned rental income**

If yes, please complete a Rental Information form.

**Had employment-related expenses**

*T2200 signed (mandatory)*

If yes, please complete an Employment Expenses form.

## 2025 Tax Year

(Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Bought or sold property     | <input type="checkbox"/> Childcare expenses                      |
| <input type="checkbox"/> Moved for work (40km)       | <input type="checkbox"/> Cared for parent or grandparent         |
| <input type="checkbox"/> Investment income           | <input type="checkbox"/> Medical expenses                        |
| <input type="checkbox"/> Capital gains or losses     | <input type="checkbox"/> Foreign property over \$100,000         |
| <input type="checkbox"/> RRSP contributions          | <input type="checkbox"/> Union or professional dues              |
| <input type="checkbox"/> Tuition paid or transferred | <input type="checkbox"/> Interest on student or investment loans |
| <input type="checkbox"/> Charitable donations        | <input type="checkbox"/> Pension Income                          |
| <input type="checkbox"/> Income not listed above     | <input type="checkbox"/> Interested in Pension Splitting         |

Are you a Canadian citizen? Yes  No

Consent to CRA sharing your personal information with Elections Canada? Yes  No

Consent to CRA sharing your information with Health Canada re: organ donation? Yes  No

## Questions or Additional Information

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## Consent and Signature

I confirm that the information provided is complete and accurate to the best of my knowledge and authorize Lucas Faganely Tax Services to prepare and file my tax return.

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