



LUCAS FAGANELY TAX SERVICES

Client Information

Please fill out one form per filer.

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?

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

Do you consent to CRA sharing your personal information with Elections Canada? Yes No

Questions or Additional Information

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 _____