



# SHEFALI JARIWALA

CHARTERED PROFESSIONAL ACCOUNTANT

## 2024 Personal Tax Questionnaire

	Taxpayer	Spouse/Common-law partner
1) Name		
Address (Including Postal Code)		
Telephone number(s)		
E-mail address		
Birth Date (dd-mmm-yyyy)		
Citizenship		
SIN (Social Insurance Number)		
Province of residence at year end		

2) Please Indicate your marital status as at December 31, 2024:

If changed from previous year, please indicate date of change:

3) Did your spouse have any income in 2024?

Yes No ☐

If we are preparing his or her return, please provide details of his or her income in a separate questionnaire. If we are not preparing his or her return, please provide us with his or her net income for 2024, as indicated on lines 15000 and 23600 of their 2024 personal tax return:

4) Are you a Canadian citizen?

Yes No

Provide Information to Elections Canada?

Yes ☐ No ☐

5) Dependants

Name	Birth Date (dd-mmm-yyyy)	SIN	Net Income

6) If you became (new immigrant/student/work-permit entry) or ceased (non-resident/ out of Canada for more than 180 days) to be resident of Canada in 2024, Please enter:

Entry Date

Exit Date

7) At any time in 2024, did you own or acquire non-Canadian investment property with a total cost in excess of \$100,000? Yes ☐ No ☐

8) Did you dispose of a property in 2024 for which you are claiming a principal residence exemption? If yes, please provide a brief description of the use of the property over the years of ownership. We will contact you to discuss further as necessary.

Year of acquisition		Description of use:
Proceeds	\$	
Expense Incurred	\$	

9) If you attended university, college, or any other post-secondary institution, please attach your tuition receipt form T2202A so that you can claim the tuition tax credit. *Note:* if you have children that are in university, the parent may be able to claim this deduction if the child has low income.

10) If you are paying interest on a student loan, please provide the eligible interest paid in 2024 or the eligible interest paid in the preceding five years if you have not already claimed these amounts.

11) If you made any charitable donations and/or political donations, please provide totals of qualified donation receipts

12) Please total all medical expense receipts by individual in your family (actual receipts not required). Total qualified medical receipts:

Individuals Name					
Amount	\$	\$	\$	\$	\$

13) If you had child care expenses, please provide the name and address of the institution or person providing these services. If the child care expenses are paid to an individual, please obtain their S.I.N.

Dependant Name	Paid To Name/SIN	Weeks	Amount Paid
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14) If you are a senior citizen or a caregiver for an elderly parent, please provide a brief description and amount(s) of renovation costs incurred within the year to make the home safer for the senior to be able to continue to live at home:

15) Were you a first time home buyer in 2024? Yes   ☐ No   ☐

16) Did you make any RRSP contributions or FHSA? If yes, the related information slip(s) you received from the bank must be attached. Clients which have Home Buyers Plan repayments should provide our office with details concerning required repayments. For new clients, please provide us with RRSP carry forward information as per the most recent assessment notice from CRA.

17) Please provide your total digital news subscription expense incurred in 2024:

18) Please complete the following for the current year Ontario property tax and rent credits:

Home address	# of months residence in 2024	Rent/Taxes paid	Municipality
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20) Please provide paper or PDF/picture copies of all tax slips, including COVID-19 related benefits and/or subsidies, received for the 2024 taxation year (i.e. T4, T3, T5, T4A, etc.).

21) Did you buy or sell any securities/assets during the year. If yes, please outline the details below and provide a paper or PDF/picture copy of your investment reporting package (i.e. realized gain/loss and investment advisor fee reports).

Name of the security/asset	Prcoceeds of disposition	Adjusted cost base	Other selling expenses
	\$	\$	\$
	\$	\$	\$

**Additional Information**

## EMPLOYMENT EXPENSES

2G) If you are eligible to claim specific employment expenses, summarize your employment expenses in the table below and ensure you retain your signed T2200 or T2200S.

EMPLOYMENT EXPENSES			
		Amount paid (including GST/HST)	Amount paid (including GST/HST)
Meals and entertainment			Telephone
Gifts			Internet
Supplies			Cable
Salary paid to an assistant			Cellular
Office rent			Courier/Post
Accounting and legal fees			Professional development
Foreign travel			Equipment repairs
Travel			Equipment rentals
Accommodation			Equipment insurance
Travel meals			
AUTOMOBILE EXPENSES			
		Full amount paid (including GST/HST)	
Fuel			
Car loan interest			
Car insurance			
License and registration			
Maintenance and repairs			
Annual lease payments*			
CAA			
Business parking			
Car make & year of purchase			
KM used for business			
Total KM driven			
HOME OFFICE / STUDIO EXPENSES			
		Full amount paid	
			Utilities (heat, electricity, water, garbage)
			Maintenance (cleaning supplies, light bulb etc)
			Insurance (commission employees only)
			Property taxes (commission employees only)
			Rent
			Condominium fees
			Other – specify:
			Square footage of home office
			Total square footage of home
EQUIPMENT PURCHASED			
Description	Full amount paid	Description	Full amount paid

\*If you began leasing a vehicle for business purposes in the 2024 taxation year, please provide a copy of the lease agreement.

## RENTAL INCOME AND EXPENSES

23) If you had rental income from any source, please list the rental income and expense as follows:

	1 <sup>st</sup> Property	2 <sup>nd</sup> Property
Full Address		
Rental income (gross)	\$	\$
Expenses:		
Advertising	\$	\$
Insurance	\$	\$
Interest and Bank Charges	\$	\$
Repairs and maintenance	\$	\$
Management and administration fees	\$	\$
Property taxes	\$	\$
Utilities (heat, electricity, water)	\$	\$
Other – specify:		
During 2024, did you carry out any major repairs or acquire any furnishings? Specify the nature, date, and amount for each:		

## BUSINESS OR PROFESSIONAL INCOME AND EXPENSES

BUSINESS INCOME					
Name of Payor		Amount paid (excluding GST/HST)		GST/HST collected	
Income with T4A slips (please also attach all T4A slips)					
Income <i>without</i> T4A slips					
<b>Totals</b>					
BUSINESS EXPENSES					
Amount paid (excluding GST/HST)		GST/HST paid	Amount paid (excluding GST/HST)		GST/HST paid
Advertising			Cable		
Photos			Cellular		
Gifts			Courier/Post		
Meals and entertainment			Professional development		
Business Insurance		N/A	Coaching		
Bank charges		N/A	Books		
Dues and fees			Publications		
Office expenses			Online services		
Supplies			Theatre tickets		
Accounting			Local transportation		
Agent fees			ETR/tolls		
Business/studio rent			Rental equipment/supplies		
Equipment repairs			Theatrical costume		
Foreign travel		N/A	Stage cosmetics/hair care		
Travel			Health insurance		N/A
Accommodation			Subcontractors		
Travel meals			Professional services		
Telephone					
Internet					
AUTOMOBILE EXPENSES			HOME OFFICE / STUDIO EXPENSES		
Full amount paid (excluding GST/HST)		GST/HST paid	Full amount paid (excluding GST/HST)		
Fuel			Heat		
Car loan interest		N/A	Electricity		
Car insurance		N/A	Insurance		
License and registration		N/A	Maintenance		
Maintenance and repairs			Mortgage interest		
Annual lease payments*			Property taxes		
CAA			Utilities (water, garbage)		
Business parking			Rent		
Car make & year of purchase			Condominium fees		
KM used for business			Square footage of home office		
Total KM driven			Total square footage of home		
EQUIPMENT PURCHASED					
Description	Amount paid (excluding GST/HST)		GST/HST paid		

\*If you began leasing a vehicle for business purposes in the 2024 taxation year, please provide a copy of the lease agreement.

## Authorization/Cancellation request – signature page

### Instructions:

1. Have the taxpayer or legal representative sign and date this page.
2. Retain a copy of the signed and dated signature page in your files for six years from the date that this information is transmitted to the CRA. Do not send us the signature page by mail or fax unless requested to do so.

### Representative information

Rep ID C   J   3   K   4   X   9	First name: Sefali	Last name: Jariwala
Group ID G	Group name: _____	
Business number (BN) 	Business name: _____	

### Taxpayer information

Social insurance number 	First name: _____	Last name: _____
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### Authorization information

Level of authorization (level 1 or 2):	1	Expiry date (optional)	Year 	Month 	Day 
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### Cancellation information

Complete this section to cancel your representative(s) and remove their access to your information. Check the appropriate box.

☐ Cancel **all** representatives

or

☐ Cancel the representative listed below:

Rep ID 	First name: _____	Last name: _____
Group ID G	Group name: _____	
Business number (BN) 	Business name: _____	

### Signature information

☐ Check if signed by the **legal representative** (power of attorney, legal guardian or parent of a taxpayer under the age of 16).

\_\_\_\_\_  
Name of taxpayer or legal representative

### Certification

By signing and dating this page, you authorize the Canada Revenue Agency to interact with and/or cancel the representative(s) mentioned above.

X	Year 	Month 	Day 
_____ Signature of taxpayer or legal representative	_____ Date of signature		