2024 T1 QUESTIONNAIRE



Chartered Professional Accountants

PEF	SONAL INFORMATION					
YC	URSELF					
	First and Last Name:					
	Full Address:					
	Telephone #:					
	Email Address:					
	Social Insurance Number:					
	Date of Birth:					
60	OUSE					
ЭF	First and Last Name:					
	Full Address (If different from above)					
	Social Insurance Number:					
	Date of Birth:					
Cŀ	Number of Children (under 18): First and Last Name (each child):					
	Date of Birth (each child): Social Insurance Number (each child):					
A	RITAL STATUS:					
]	Married		Divorced		Separated	
]	Single		Widowed		Living comn	non-law
ı	-	- 411 -4 -			9	
IT S	status changed, please provide	e the date				
TH	IER:					
						Y/N
Α	re you a Canadian Citizen?					
<u> </u>	re you a US Citizen? iid you own foreign property, i	ncluding sto	ocks and other investm	ents, with a co	st over	
\$	100,000 CDN?				_	
D	id you purchase a home in Ca	anada durin	ig the year?			
D	rid you sell your principal resid	lence during	g the year?			
	o you own a foreign life insura			f Canada)?		
	id you have any transactions			/		
	re you registered for CRA onl					
	o you have a First Home Sav		nt? When was it opene	ed?		
	o you consent to share your o				nor registry?	
٦	o jou concern to and to your t	onactinio	auon with the Organ	ana noode du	rogiotiy:	