Pro-Impôts

NEW CLIENT QUESTIONNAIRE – 2026

Federal and Québec income tax returns

IDENTIFICATION

YOU	SPOUSE / PARTNER
Last name: _____	Last name: _____
First name: _____	First name: _____
S.I.N.: _____	S.I.N.: _____
Date of birth (DD/MM/YYYY): _____	Date of birth (DD/MM/YYYY): _____

MARITAL STATUS

☐ Single ☐ Common-law ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Did your marital status change during 2026? ☐ Yes ☐ No

If yes, previous marital status: _____ Date of change: _____

CONTACT INFORMATION

Address: _____

City: _____ Province: _____ Postal code: _____

Telephone: _____ Email: _____

Spouse

Telephone: _____ Email: _____

GENERAL INFORMATION

Did you live alone throughout 2026? ☐ Yes ☐ No

As of 12/31/2026, how many people lived with you? _____

Did you own more than CAD $100,000 of specified foreign property? ☐ Yes ☐ No

Did you purchase a first home in 2026? ☐ Yes ☐ No

Did you sell your principal residence in 2026? ☐ Yes ☐ No

Are you eligible for the Disability Tax Credit? ☐ Yes ☐ No

How would you like your tax return copies? ☐ Mail ($25) ☐ Email ☐ In person

PRESCRIPTION DRUG INSURANCE

In 2026, were you covered by: ☐ RAMQ ☐ Private plan ☐ Spouse/partner's plan ☐ Other: _____

If coverage changed, indicate the period and plan: _____

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DEPENDANTS

Sex	Last Name	First Name	Birthdate (MM/DD/YYYY)	S.I.N (NNN-NNN-NNN)	Relationship
M ☐ F ☐	_____	_____	___/___/_____	_____	_____
M ☐ F ☐	_____	_____	___/___/_____	_____	_____
M ☐ F ☐	_____	_____	___/___/_____	_____	_____
M ☐ F ☐	_____	_____	___/___/_____	_____	_____
M ☐ F ☐	_____	_____	___/___/_____	_____	_____
M ☐ F ☐	_____	_____	___/___/_____	_____	_____

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DOCUMENTS INCLUDED

Check the documents to be included with your tax return:

Document	You	Spouse
Employment income (T4/RL-1)	☐	☐
Employment Insurance benefits (T4E)	☐	☐
Old Age Security and CPP/QPP benefits (T4A(OAS), T4A(P)/RL-2)	☐	☐
Other pensions and annuities (T4A/RL-2)	☐	☐
Social assistance benefits (T5007/RL-5)	☐	☐
Workers' compensation benefits (T5007/RL-5)	☐	☐
Interest, dividends, mutual funds and investments (T3/RL-16, T5/RL-3, T5008/RL-18)	☐	☐
RRSP	☐	☐
Home Buyers' Plan (HBP)	☐	☐
Municipal and school taxes	☐	☐
RL-31 slip (tenant)	☐	☐
Tuition fees (T2202/RL-8)	☐	☐
Child care expenses (RL-24 and eligible receipts)	☐	☐
Capital gains / losses	☐	☐
Eligible medical expenses and insurance	☐	☐
Charitable donations	☐	☐
Other (specify): _____	☐	☐

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COMMENTS

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

FILE REVIEW

☐ I have attached all slips and statements received for 2026.

☐ I have attached the receipts and documents relevant to my deductions and credits.

☐ I have indicated any important changes that occurred during the year.

Client signature: _____ Date: _____