MTC Client Questionnaire

Background and Filing status

- 1. Full name (Valid Government Issued ID)
- 2. Date of birth (Birth Certificate of Dependents)
- 3. Best Contact Number
- 4. Email Address
- 5. Mailing Address (if different from home address)
- 6. New or Returning Client?
- 7. Are you married and filing with your spouse? If yes, spouse information is required
- 8. Do you have any dependents? If yes, dependent information, relationship to dependent, how long they were a dependent

Tax Filing Preferences & Bank Information

9. Preferred method of contact (phone/email)
10. Preferred time of day for contact (morning/afternoon/evening)
11. Please provide bank information below:
☐ Bank name
\square Routing number
☐ Account number
Account time

Tax Return Information

- 12. Has your personal information changed in the last year? (Address, marital status, kids etc.) if so, please provide full details
- 13. How many tax years are we filing for? (2021, 2022, 2023, 2024)
- 14. Did you open a FHSA this year? (First Home Savings Account)
- 15. Did you own foreign property at any time during the tax year where the total value of the property exceeded \$100,000 CAD? (This includes foreign shares held in Canadian trading accounts)
- 16. Did you or your spouse (or partner) purchase a home during the tax year?
- 17. Did you sell your principal residence during the tax year?
- 18. Did you and/or your spouse (or partner) pay property taxes and/or rent?
- 19. Did you work from home during the tax year?

Sources of income

20. What were your sources of income for the tax year?	
\square Wages (W-2)	
\square Foreign income	
☐ Gambling income	
☐ Interest	
☐ Dividends	
☐ Stock/asset sales	
☐ RRSP income	
☐ Disability	
☐ Government income	
\square Scholarships and bursaries	
☐ Rental income	
\square Spousal support	
\square Self-employment income (Need 1099 or Profit & Loss Statement)	
Deductible expenses	
21. Please check the applicable deductions for the tax year (multiple options)	
\square I opened/contributed to a first-time home savings account in the tax	
year	
\square I worked from home in some or all of the tax year	
\square I bought my first home in the tax year	
\square I had a staycation credit	
☐ Medical expenses	
☐ Charitable contributions	
☐ Property taxes/rent paid	
☐ Student loan interest	
☐ Educator expenses	
☐ Retirement contributions	
☐ Tuition fees	
☐ Childcare expenses	
☐ Employment-related expenses	
☐ Professional /union dues	
\square Spousal support paid	
☐ Investment carrying charges	

 □ Legal fees related to employment □ Notice of assessment from the previous year □ Home buyer's plan □ Life-long learner's plan □ No deductions
Childcare expenses
 22. Did you pay any childcare expenses for any dependents being claimed? If yes, please provide form 2441 (Child and Dependent Care Expenses). If your child attended a private daycare please provide the following information: Name & Date of birth of childcare provider Social security number of child care provider Amount paid to childcare provider 23. Did you, your spouse, or any dependents attend college in the tax year? 24. Did the student attend college at least half-time?
Business Information (if self-employed)
 25. Do you have an operating name for your business? If yes, please provide name 26. Please provide EIN for business (if applicable) 27. Please provide business start date 28. Please provide clear details on the services or products you provide. 29. Do you run your business out of your home? 30. What percentage of your home are you taking up for your business? 31. Do you have a Profit & Loss Statement to provide for business income and expenses? If no, see next question
Business Expenses (General)
 32. Please provide the amount for each of the following during the tax year (if applicable): Advertising Meals and entertainment Insurance Interest Business tax, fees, licenses, dues, memberships, and subscriptions Office expenses Supplies

☐ Legal, accounting, and other professional fees
☐ Management and administration Fees
\square Rent (storefront or office, not home rent)
☐ Maintenance and repairs
☐ Salaries, wages, and benefits
☐ Property taxes
☐ Travel (excluding automobile expenses) hotels, flights, taxis, Ubers
☐ Telephone and utilities
☐ Delivery, freight, and express
☐ Health insurance
☐ Royalties
☐ Subcontractor wages
☐ Any other business expenses not listed above
Business expenses (automobile) 33. Please provide the amount for each of the following during the tax year (if
applicable):
☐ Year, make and model of vehicle
Total Business Miles driver for the year? Do you have proof of mileage? Is it written?
☐ Fuel and oil expenses
\square Repairs and maintenance expenses (including car washes)
\square Parking expenses
☐ Insurance expenses
\square License and registration fees
\square If you own, interest for the year
\square If you lease, lease costs for the year
☐ Car rental expenses

Business Expenses (Home Office)

34. Com	piete this only if this is where you do the majority of your business. Enter the
amo	unt spent on each of the following during the tax year:
	☐ Square footage dedicated for office
	☐ Total square footage of home
	□ Interest on your mortgage
	□ Heat
	☐ Electricity
	□ Water
	\square Gas
	☐ Insurance
	□ Maintenance
	□ Property taxes
	□ Condo fees
	☐ Rent
	Other expenses

Document Upload and Additional Information

- 35. Upload any supporting documentation to our Mobile App/Client Portal (relevant photos/documents/scans or other relevant information). The link will be provided by the Tax Professional
- 36. Please feel free to provide us with any additional information that could help us complete your tax return