

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS**

**PREFERENCES & PROCESSING**

Please let us know your preferences with regard to the delivery of your tax return. Please check one:

- Electronic PDF available through our portal     Paper Copy

All income tax returns are prepared for e-filing, unless specific reasons disqualify them.

<b>FOREIGN BANK ACCOUNTS, FOREIGN ASSETS, AND FOREIGN TAXES</b>	<b>YES</b>	<b>NO</b>
At any time during 2024, did you have a financial interest in or signature authority over financial accounts (such as a bank account, securities account, or brokerage account) located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
During 2024, did you receive any distribution from, or were you the grantor of, or transferor to, a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any Canadian RRSP, RRIF, or RHOSP accounts?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any Canadian TFSAs? If yes, please provide name of payer and income amount received in 2024.	<input type="checkbox"/>	<input type="checkbox"/>
At any time during 2024, did you have a 5% or more ownership interest in any non-US entity, either directly or through close family members?	<input type="checkbox"/>	<input type="checkbox"/>

**MISCELLANEOUS**

Did you make any gifts that total more than \$18,000 in 2024 to any one individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Roth IRA or Non-deductible IRA in 2024? If so, please provide details? (Please provide details regarding prior years if you are a new client.)	<input type="checkbox"/>	<input type="checkbox"/>
For charitable contributions of \$250 or more, did you obtain a receipt that includes the name of the charity, the date and amount of the contribution, and whether any goods or services were received in exchange for the donation?	<input type="checkbox"/>	<input type="checkbox"/>
At any time during 2024, did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency?	<input type="checkbox"/>	<input type="checkbox"/>

**FOR SOLE PROPRIETOR – SCHEDULE C FILERS ONLY**

Did your business make any payments to any attorney regardless of amount, or of \$600 or more for rent or services to any individual, or to any non-incorporated business during 2024?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did your business file or will it file all required Form(s) 1099? (Due January 31, 2025)	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a written log or records to substantiate any business mileage claimed?	<input type="checkbox"/>	<input type="checkbox"/>
Did you maintain documentation to support business meal expenses? Documentation should include: who is present; when and where the meal took place; and the purpose of the meal.	<input type="checkbox"/>	<input type="checkbox"/>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name of taxpayer(s): \_\_\_\_\_

## Driver's License Information Form

Some states require you to provide your driver's license or state-issued ID information to file your tax return. If you live in one of the states listed below, please fill out this form to ensure accurate and secure filing of your return.

### States Requiring Driver's License Information

If you reside in any of these states, you must provide your driver's license or state ID details:

- Alabama
- California
- Colorado
- Georgia
- Illinois
- Kansas
- Louisiana
- Maryland
- Michigan
- New York
- Ohio
- South Carolina
- Vermont
- Virginia
- Wisconsin

### Information Requested

Please provide the following details as they appear on your driver's license or state-issued ID:

1. Taxpayer 1:

1. **Full Name (as on the ID):**

\_\_\_\_\_

2. **Driver's License/ID Number:**

\_\_\_\_\_

3. **Issuing State:**

\_\_\_\_\_

4. **Issuance Date:**

\_\_\_\_\_

(MM/DD/YYYY)

5. **Expiration Date:**

\_\_\_\_\_

(MM/DD/YYYY)

2. Taxpayer 1:

1. **Full Name (as on the ID):**

\_\_\_\_\_

2. **Driver's License/ID Number:**

\_\_\_\_\_

3. **Issuing State:**

\_\_\_\_\_

4. **Issuance Date:**

\_\_\_\_\_

(MM/DD/YYYY)

5. **Expiration Date:**

\_\_\_\_\_

(MM/DD/YYYY)

### Certification

By signing below, I confirm that the information provided above is accurate and matches my driver's license or state-issued ID.

**Signature(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Notes

- If you do not have a driver's license or state-issued ID, please check this box:
  - I do not have a driver's license or state-issued ID.

**Estimated Tax Payment Information Form**

To ensure accurate and timely reporting of your estimated tax payments, please complete the form below. This includes payments made to federal and state tax authorities. If payments were made to multiple states, please provide details for each state.

**Federal Estimated Tax Payments**

Please provide details of your federal estimated tax payments:

<b>Payment Date</b>	<b>Amount Paid (\$)</b>
_____	_____
_____	_____
_____	_____
_____	_____

**State Estimated Tax Payments**

If you made estimated tax payments to one or more states, please provide details below.

**State 1:** \_\_\_\_\_

<b>Payment Date</b>	<b>Amount Paid (\$)</b>
_____	_____
_____	_____
_____	_____
_____	_____

**State 2 (if applicable):** \_\_\_\_\_

<b>Payment Date</b>	<b>Amount Paid (\$)</b>
_____	_____
_____	_____
_____	_____
_____	_____

**Notes**

- Please keep copies of any payment confirmations or receipts should they be requested.
- If additional states are involved, please attach a separate sheet with the required details.

## 2024 INDIVIDUAL TAX RETURN - CHECKLIST

Consider all those sections that may apply to your situation.

### GENERAL INFO

1. If your **marital status** changed in 2024, please provide complete details.
2. If **gifts made** total \$18,000 or more to any one individual in 2024 please provide recipient's name, address, Social Security Number, date(s) of all gifts, item(s) gifted, value(s) of all gifts, and cost basis.
3. If you wish to have your federal income tax refund (if applicable) **directly deposited** to your bank account, you must provide us with a current voided check and indicate whether the account is checking or savings. We are no longer permitted to use this information from a prior year. **Please notify your preparer in advance if you would like to use direct deposit for your tax refund. This preference must be communicated before the completion of your tax return.**
4. **New Motor Vehicle:** If you bought a new alternative fuel motor vehicle, please provide a copy of the purchase paperwork to determine if it qualifies for a tax credit.
5. **Energy efficiency expenses:** If you installed certain energy efficient property, such as photovoltaic, solar water heating, fuel cell property, residential wind property, geothermal heat pumps, or made major energy efficient improvements to your home, please provide details.
6. **Health Care Coverage:** Did you have minimum essential health care coverage for yourself, your spouse, and anyone you could or did claim as a dependent for any month of 2024? If yes, you will need to provide us with the reporting document(s), Form 1095-A, 1095-B, and/or 1095-C, which you would have received from either the marketplace, your employer, and/or your insurance company.

### CHILDREN

7. **New Dependents:** Please provide us with a clear copy of your child's Social Security card.
8. If any child's **total income** exceeds **\$1,250** for the year (\$400 if self-employed), please provide details of all of his/her income. This is required for *all dependents* under age 24.
9. **Childcare expenses:** Name and address of each provider as well as total paid to each. Show Social Security Number or employer identification number of the provider, as appropriate.
10. **Household employees:** If you paid household employees more than **\$2,700** in 2024, please provide employee's name, address, Social Security Number, gross wages, and all taxes withheld. Provide your employer identification number and copies of any payroll tax forms prepared, including W-2s.
11. **Post-Secondary Education:** Indicate which dependents may be attending college or university, along with the name, complete address, and the institution's federal identification number, as well as whether the student is attending full or part-time. Please provide a copy of Form 1098-T.
12. **Education Deductions/Credits:** If you paid tuition and related expenses during 2024 for yourself or a family member who was enrolled in post-secondary education, you may be eligible. Provide amount paid, for whom, and name and address of institution. We will request additional certification information, if eligible.
13. **Section 529 or Coverdell Education Savings Plans:** If you contributed in 2024 to any 529 type plan, please provide amount contributed, year of contribution, name of beneficiary, and any statements or tax slips reporting the contribution or any withdrawals.

### OTHER STATES

14. If you lived or worked in **more than one state** during the year, show periods of residency and/or employment in each state, and identify income from each of the states. We may need additional information, depending on the state, and will request it if not already available.

## INCOME TAXES

15. **IRS estimated tax** payments and **state estimated tax** payments made for 2024 (even if paid in early 2025 for 2024): Show amount of each payment and date of mailing.
16. Did you receive any **tax notices** from either the **IRS** or **any state** changing your prior year tax returns? If so, please provide us with a copy if you have not already done so.

## FOREIGN ISSUES (FOREIGN GIFTS RECEIVED TRUSTS, ETC.)

**\*\*New\*\* Underused Housing Tax for residential property located in Canada:** If you are NOT a Canadian citizen or permanent resident, and you own a residential property in Canada, please contact us to discuss the possible application of this new tax to your situation.

17. If you **received** aggregate **foreign gifts** or **foreign inheritances** exceeding **\$100,000** in 2024, please provide complete details of all foreign gifts received for the year. Disclosure rules are in effect.
18. If you received **any distributions** from a **foreign trust** or **estate** during 2024, provide all details about the payor and the funds received - whether taxable or not. In addition, all contributions or transfers **to** a foreign trust must be described in detail. There are strict disclosure requirements. Furthermore, if you are a current or future beneficiary of a foreign trust, even if you have not received any distributions, there may be significant tax implications. *Please call us to discuss.*
19. **Foreign (non-US) financial** accounts and **other foreign assets**, if any: Please see enclosed "Important Notice Non-US Account & Asset Disclosure". **Please note that the required informational Form FinCEN 114 is due April 15, 2025 but can be extended for a maximum of six months to October 15, 2025.**
20. If you have a 5% or more ownership interest in **any non-US entity**, either directly or through close family members, please provide complete details and recent financial statements from such entity.
21. *If you have any **Canadian RRSP, RRIF, TFSA, or RESP** accounts, please provide the December 31, 2024 statement for each account, whether receiving distributions or not.*

## GENERAL INCOME

22. **Wages/Employment income:** Provide all W-2 forms, 1099-NEC, and 1099-MISC forms, if any. *Indicate if your main occupation changed.*
23. **Social Security benefits**, whether taxable or not: Provide a copy of all SSA-1099 forms.
24. **Pension** (including foreign pension income) or **IRA income** or distributions: Provide a copy of all 1099-R forms.
25. **Alimony received:** Indicate total amount received; please include complete copy of divorce agreement or any subsequent changes, if not previously provided.
26. Any **other sources** of income, including unemployment compensation, not listed elsewhere in this checklist: Give amount received, name of payor, and brief description.

## PORTFOLIO INVESTMENT INCOME (Schedule B)

27. **Interest and dividends:** Provide 1099 forms for each item, **or** if no slip is available, provide name of payor, tax identification number of payor, amount received, and amount of any US tax withheld.
28. **Municipal interest** - whether taxable or not: Provide documentation that shows name of payor(s), amounts received during the year, and name of the state(s) in which the payor is located.
29. **Mutual funds:** For each fund held during 2024, please provide a copy of the annual statement in addition to the 1099 form.
30. **US Government interest:** If US Government interest is received through a trust or mutual fund, we will require paperwork from the trustee or mutual fund detailing the exact source of the interest.

## BUSINESS ACTIVITIES (Schedules C, F)

31. If you received any income from **self-employment**, please complete a separate business checklist. If none was enclosed, please visit our website at [www.herrickglobal.com](http://www.herrickglobal.com), or call us and we will send you a copy.
32. **Health insurance** and/or **long-term care insurance** paid by self-employed persons (as well as by partners, LLC members, and S-Corporation shareholders) may be deductible regardless of whether or not you itemize deductions on Schedule A. Please provide the amount paid for such insurance.

## CAPITAL GAINS - LOSSES (Schedule D)

33. All **dispositions**: Show a brief description of asset, date of **acquisition**, total cost including fees, if any, **exact date** of disposition, and the net proceeds. If you invested in a stock that experienced a tax-free spin-off, please provide us with the documentation received from the company. If you repurchased any stock within 30 days of a prior loss sale, please provide complete details of the purchase (Wash Sale rules apply).
34. **Stocks, Bonds**, and similar US securities: In addition to the above information, please provide a copy of each 1099-B form received for all dispositions.
35. **All real estate** sales: Provide a copy of each 1099-S form **and** the closing statements for the real estate purchase as well as the sale. Also, provide us with a copy of your state withholding form if property sold was located in a state where tax was withheld. If any improvements were made to the property while owned, we will need a complete list of them.

## OTHER INVESTMENT INCOME (Schedule E)

36. **Limited partnerships** and **regular partnerships**: Provide a copy of all K-1 forms, all pages, as well as any tax information provided by the partnership. NOTE: If income was **earned in another state**, you may be required to file an income tax return for that state.
37. **S-Corporations** and **LLCs**: Provide a copy of all K-1 forms, all pages.
38. For **each** of the above investments, please discuss with us the rules regarding material and significant participation and the possible need for documentation of time spent.
39. **Estates or trusts**: Provide a copy of all K-1 forms, all pages.

## RENTAL INCOME (Schedule E)

40. Total **gross income** for **each** separate rental property.
41. All **expenses** for **each** separate rental property, by type or category, including capital improvements. For capital improvements, list dates, descriptions, and amounts paid.
42. For **new acquisition(s)**: Date acquired, cost of property, division of cost between land and building(s), copy of all closing statements, and the mortgage/promissory note documents.
43. **If rented only part of year**: If you used the property personally during 2024, please indicate how many days personally used and how many days rented.

## PENSION DEDUCTIONS

44. **Regular IRA contributions**: Provide amount paid into your plan. Show **spouse's** contributions separately. If part or all of your regular IRA contributions for prior and current year were non-deductible and you received any distributions from any IRA type account, we will need copies of the December 31, 2023 and December 31, 2024 statements for each IRA account.
45. **Roth IRA contributions**: If you made or have ever contributed into a Roth IRA plan, please provide statement(s) showing the account activity for the year. Provide spouse's Roth IRA activity separately.
46. **Regular IRA to Roth IRA conversions**: Include all paperwork and reports for all conversions (rollovers) from a regular IRA to a Roth IRA.

47. **Other pension contributions made personally** (SEP, KEOGH, SIMPLE, etc.): Provide amount paid into plan and type of plan, if appropriate; we will compute maximum contributions and discuss them with you. **Remember, voluntary contributions to SIMPLE or 401(k) type plans must be paid in by January 30, 2025.**

#### GENERAL DEDUCTIONS

48. **Alimony paid:** Provide amount paid, and name, address, and Social Security Number of payee. Please include a complete copy of the divorce agreement or any subsequent changes, if not previously provided.
49. **Moving expenses for members of the Armed Forces only:** Provide amounts paid and complete details, provide amount reimbursed, and attach all documentation.
50. **Student loan interest:** Interest paid on qualified education loans may be deductible. Provide a copy of form 1098-E from the lender - or other proof of interest paid.
51. **Teachers:** Provide the amount paid for all unreimbursed classroom materials you may have purchased (K-12 teachers, principals, aides, counselors, etc.). This applies whether you itemize or not.
52. **Health Saving Account (HSA):** Please provide details for all contributions made to your HSA (or your family's HSA) for 2024. Please indicate your annual deductible amount, provide a copy of your HSA annual statement, and indicate if any distributions were NOT made for qualified medical expenses.

#### ITEMIZED DEDUCTIONS (Schedule A)

53. **Real estate taxes:** Please provide amount of all taxes paid and rebates received in the year. Please provide a copy of all tax bills showing that they were paid. (Vermont residents: Please also see separate Vermont page with checklist.)
54. **Home Mortgage interest** (including vacation homes): If paid to a financial institution, attach Form(s) 1098. If private, show amount, name and address of payee, and their Social Security Number. If **newly financed or refinanced**, provide a copy of the financing closing statement(s). If home equity loan was used to finance anything other than home improvements, please provide details.
55. **Contributions:** All donations to charity require documentation. Please provide a *list* of all donations showing amount given and name of recipient. In addition, provide copies of all donation receipts for each gift of \$250 or greater. For donated autos provide Form 1098-C, which must be attached to the return. Do not include political contributions or lobbying donations - they are **not** deductible.
56. **Medical expenses/long-term care insurance:** Provide total amount paid by category (such as doctors, dentists, optical, health and long-term care insurance\*, medications, Christian Science practitioners, chiropractors, hospitals, medical transportation, etc.). \*If you are self-employed, a partner, an LLC member, or an S-corporation shareholder, see item 32.
57. **Investment interest expense:** Provide total amount of interest paid on loans to purchase or hold investments, and show for which type(s) of investments the loans were used. Note: You must be able to trace directly the use of the borrowed funds to the acquisition of the investment for the interest expense to be deductible.
58. **Casualty and theft losses:** For a federally declared disaster, provide amount(s) and details if total exceeds 10% of total annual income; indicate all insurance reimbursements.
59. **Miscellaneous Itemized Deductions:** Most items previously subject to the 2% AGI limitation are no longer deductible (such as unreimbursed employee expenses and investment management fees). However, Deductions for Income in Respect of a Decedent (IRD Deduction) and gambling losses to the extent of gambling winnings still may be deductible.

## **IMPORTANT NOTICE NON-US ACCOUNT & ASSET DISCLOSURE**

Taxpayers with a financial interest in or signature authority over financial accounts are required to report them if the aggregate value of those accounts exceeds \$10,000 at any time during the calendar year.

The foreign bank account reporting (commonly known as the "FBAR" form) is separate from the filing of the federal tax return. As of July 1, 2013, all filing (including late and amended forms) must be done electronically. The Financial Crimes Enforcement Network (FinCEN), a division of the Department of the Treasury, has established the Bank Secrecy Act (BSA) E-Filing System for such electronic filing.

FinCEN Form 114 is the Report of Foreign Bank and Financial Accounts. Form 114a, Record of Authorization to Electronically File FBARs, will be used to obtain permission from you in order that we may electronically file an FBAR on your behalf.

### **Filing Deadline: April 15<sup>th</sup>**

Please note: Under the Surface Transportation Act, the filing deadline also provides for the FBAR filing to be extended for six months ending October 15, 2025.

In addition to the FBAR filing requirement, US Individual Taxpayers holding foreign financial assets that exceed certain thresholds must report those assets to the IRS on Form 8938, Statement of Specified Foreign Financial Assets, which is filed with an income tax return.

### **Types of Non-US Accounts and Assets to be Reported:**

- Bank or similar accounts
- Investment or similar accounts
- Pension accounts over which you have some control
- Cash surrender value of non-US life insurance
- All stocks, bonds, financial contracts, or any other investments NOT held in a brokerage account, or some other account already disclosed*
- Any account or investment in which you have a financial interest, *even if not in your name*
- Any account for which you have signing authority, even if you have no financial interest therein
- (Do not overlook foreign corporate or trust accounts, or accounts of foreign family members, for which you have direct signing authority or hold a Power of Attorney.)

### **Information Needed:** (Please provide the following for ALL non-US accounts and investments)

- Name of financial institution or investment entity
- Full mailing address of financial institution or entity
- Account number
- In the case of financial accounts, maximum value in the account at ANY TIME during the year (exact amount, not a range) – show which currency
- In the case of all other financial assets, the fair market value of the asset as of the last day of the year – show which currency*
- (Please use the other side to provide this data to us.)



FOREIGN (NON-US) FINANCIAL ACCOUNT  
AND ASSET DISCLOSURE

Tax Year: \_\_\_\_\_ Name of Taxpayer: \_\_\_\_\_

***The US government requires the disclosure of all foreign financial accounts and investments as more fully described on the other side of this form.***

To assist with this, please record the data in the spaces below. Feel free to make photocopies if extra space is needed. We also suggest reviewing your prior year tax return to ensure that no small accounts are overlooked. *Please use a separate page for each spouse, if appropriate.*

If any account was closed during 2024, please indicate the date it was closed.

Name of Financial Entity	Mailing Address of Financial Entity	Account Number	Maximum FMV(1)	Type of Currency	Type of Asset

(1) FMV = Fair Market Value during the year

# herrick GLOBAL

## PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS

### PREFERENCES & PROCESSING

Please let us know your preferences with regard to the delivery of your tax return. Please check one:

- Electronic PDF available through our portal    Paper Copy

### SPECIFIC INFORMATION

		YES	NO
<u>Citizenship:</u>	For Election Canada purposes, please indicate if you are a Canadian citizen.  If yes, but you do NOT wish for this to be disclosed by the Canada Revenue Agency, please initial here _____.	<input type="checkbox"/>	<input type="checkbox"/>
<u>CRA on-line:</u>	Do you authorize your registration for the new Canada Revenue Agency on-line mail service?  <i>If yes, your notice of assessment, any notice of re-assessment, and all future correspondence eligible for on-line delivery, will no longer be printed and mailed to you.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Gifts:</u>	Did you make any gifts of investments or other <i>non-cash</i> property to anyone in 2024?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Automobiles:</u>	Do you use an auto for business purposes – remembering that commuting to/from a job is NOT a business purpose?  If yes, do you have a written log or records to substantiate the business travel claimed?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Pension Income Splitting:</u>	Would you and your spouse or common-law partner wish to elect to split eligible pension income received in the tax year?  If yes, were you and your spouse or common-law partner residents of Canada, and were not living apart from each other, on December 31, 2024?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Québec residents Only:</u>	Private non-government drug insurance plan – were you covered for all of 2024 by any group or private drug insurance plan that <i>replaces</i> the Québec drug plan?  Did you live alone for all of 2024?	<input type="checkbox"/>	<input type="checkbox"/>
<u>US Roth IRA:</u>	Do you have any US Roth IRA accounts?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Virtual Currency</u>	At any time during 2024 did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency?	<input type="checkbox"/>	<input type="checkbox"/>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current email address: \_\_\_\_\_

Please print name of taxpayer(s): \_\_\_\_\_

## 2024 INDIVIDUAL TAX RETURN - CHECKLIST - CANADA

Consider all those sections that may apply to your situation.

### GENERAL INFO

- 1) **Marital status:** If your status changed during the year, please provide the date and complete details. Remember that Canadian and Québec tax law recognizes common-law partners.
- 2) **Children:** Please provide details of all their income. For any new dependants, list each child's date of birth and Social Insurance Number.
- 3) **Gifts:** If you made gifts of stock or property *other than cash*, regardless of size, please provide us with a complete description of the gift, date of the gift, and name and address of the donee.

### INCOME TAXES

- 4) **Canada instalment** tax payments, if any: Show amount of each and date of mailing; include all statements from the Canada Revenue Agency, if possible.
- 5) **Québec instalment** tax payments, if any: Show amount of each and date paid; include all statements from Revenu Québec, if possible.
- 6) **Notices of Assessment** - Canada and/or Québec: Please provide us with a copy if you have not already done so.

### FOREIGN ISSUES

- 7) Please provide complete details of **all foreign (non-Canadian) assets** (including bank accounts, real estate, investments – *even if the investment is held by a Canadian brokerage*) which you may own. **A separate data sheet is enclosed for your use. Please review carefully the additional details that it provides and return it to us** with your tax information and documents.
- 8) **US citizens and Green Card holders only:** Provide annual statements (as of December 31, 2024) for all of your RRSPs showing the maximum value during the year.

### INCOME GENERAL

- 9) **Wages:** Provide copies of all T4 slips (and Relevé 1 forms if Québec employment).
- 10) Private **pension, RRIF, or RRSP income** or distributions: Provide copies of all tax slips.
- 11) Federal **Old Age Pension, Canada Pension Plan, or Québec Pension Plan** benefits: Provide copies of all tax slips.
- 12) **Alimony received:** Indicate total amount received. More information may be requested.
- 13) **Universal Child Care Benefit received:** Please provide total amount received for each qualified dependant.
- 14) **Prescription Drug Plan (Québec only):** *If you were the holder of a Québec health insurance card in year 2024, you are required to have basic prescription drug coverage provided **either** by a group/private insurance plan or by the Québec prescription drug insurance plan. If you were not covered by a group plan (or a private plan that pays **100%** of drug costs), you must pay a premium to Québec. Please provide:*
  - a. Months of the year 2024 when you were **not** covered by a plan \_\_\_\_\_
  - b. Name of group insurance plan providing 100% drug insurance coverage \_\_\_\_\_
  - c. Indicate whether the coverage was through your plan or a spouse's (or parent's) \_\_\_\_\_

- 15) **COVID-19 Benefits Received:** Provide copies of all T4A and/or all T4E tax slips.
- 16) Any **other sources** of income not listed elsewhere in this checklist: Give amount received, name of payor, and brief description (e.g. unemployment insurance, grants, allowances, US Social Security, worker's compensation, etc.); provide copies of all tax slips.

#### INCOME INVESTMENTS

- 17) **Interest and dividends:** Provide T5/Relevé 3 slips for every item (or provide name of payor and amount received if no slip available).
- 18) **Mutual funds:** Provide copy of all T3 slips and relevés.
- 19) Regular or limited **partnerships:** Provide copy of all tax information, financial statements, and reports.
- 20) **Estates or trusts:** Provide copy of all T3 slips and relevés.
- 21) **Bitcoin or other cryptocurrency transactions:** Please provide details.

#### CAPITAL GAINS (LOSSES)

- 22) **For all dispositions** of stocks, bonds, securities, real estate, and other capital assets: Show brief description of asset, date of acquisition, total cost including fees, if any, **date of disposition**, and the gross and net proceeds. Provide copies of any tax slips that may have been received.
- 23) **Principal residences** are **not** subject to capital gains tax and do **not** need to be considered for capital gains purposes. However, if you sold your principal residence during 2024, please provide: date of disposition; proceeds of disposition; date of acquisition; number of years designated as your principal residence; and full address of property if not same as your mailing address.
- 24) In the case of **dispositions on which a capital gains election** was made in 1994, please provide us with exact details of the basis so elected or provide us with a complete copy of your 1994 Federal and Provincial tax returns.

#### RENTAL INCOME

For **each** separate rental property, we need to know the following:

- 25) Total **gross rental income**.
- 26) Total **expenses** by type or category, including capital improvements. Include GST/HST/TVQ paid.
- 27) If **new acquisition**: Date acquired, cost of property, division of cost between land and building(s), copy of any closing statements, and mortgage loan documents.
- 28) Complete **address** of the property and number of rental units.
- 29) For **Québec rental properties only**: Please provide us with copies of invoices for **all** expenditures for maintenance, repairs, or capital improvements. For any expenditure to be deductible, we must disclose the name, address, and Québec identifying number of all suppliers and amounts paid to them.

#### DEDUCTIONS/CREDITS

- 30) **RRSP** or other **pension contributions** made personally: Provide copies of all tax slips.
- 31) **Union or professional dues**: Provide copies of all tax receipts, if not listed on T4 slips.

- 32) **Charitable donations:** Provide copies of all tax receipts. Keep in mind the powerful tax saving potential of donating appreciated securities to qualified charities. The gain inclusion amount (for income calculation) is reduced by half, while the full fair market value of the gift is available as a charitable donation.
- 33) **Medical expenses:** If over 3% of net income or in excess of \$2,635 (whichever is lower), provide copies of all receipts. Do not forget medical insurance, including that deducted from payroll, if any.
- 34) **Home Accessibility Tax Credit:** If you make eligible home renovations to improve the safety and/or accessibility of an eligible dwelling of a qualified individual, please provide copies of receipts that clearly state the amounts paid and work done.
- 35) **Living Alone Deduction - Québec residents:** If you lived alone for all of 2024, you may qualify for this deduction, if you did not share your residence with anyone else. We will need proof, such as a property **tax bill** if you own your home.
- 36) **Tuition:** Provide copies of all official receipts for any college/university tuition paid. Must be paid to a qualifying institution and total tuition must exceed \$100 to be deductible. Also, provide information on government student loan interest paid in Canada.
- 37) **Education deduction** (full-time/part-time students): If transferred from your children, **have them sign the reverse of all forms** (T2202 and Québec Relevé 8) and provide copies to us.
- 38) **Investment expenses:** Provide total amount of interest paid on loans to purchase or hold investments and show for which type(s) of investments the loans were used. Also, list investment counsel expenses, and other expenses directly related to investment income.
- 39) **Moving expenses to a new job within Canada** (if you moved at least 40 km closer to your new work or full-time school). Provide: amounts paid; amount reimbursed by employers, if any; distances between old residence/new job and new residence/new job; and copies of receipts.
- 40) **Child care expenses:** Name, address, and Social Insurance Number of each provider, total paid and date paid, dates child care was provided, and provide copies of proper tax receipts. **Québec residents** – an RL-24 slip for childcare services in Québec must be provided.
- 41) **Children's Activities – Québec residents:** Provide copies of receipts, which should include name and address of organization, name of the eligible program or activity, amount paid, date received, full name of payer, and child's name and year of birth.
- 42) **First-Time Home Buyers Credit:** Please provide copies of purchase documentation for any first-time principal residence acquired within Canada.
- 43) **Caregiver Credit:** If you were a caregiver to an adult relative living with you because of an impairment, you may qualify for this. Please provide name, date of birth, and income of the relative, along with a complete description of the impairment.
- 44) **Alimony paid:** Show amount paid, as well as name, address, and Social Insurance Number of payee. If there have been major changes from past years, provide details and copies of documents authorizing changes. **Copies of proof of payment will be needed.** If this is your first year of paying alimony, a special filing is needed, and we will need to submit a complete copy of the divorce decree/agreement authorizing the alimony.
- 45) **\*\*New\*\* Underused Housing Tax for residential property located in Canada:** If you are NOT a Canadian citizen or permanent resident, and you own a residential property in Canada, please contact us to discuss the possible application of this new tax to your situation.
- 46) **Other Employment Expenses:** If your employment contract required you to pay certain employment related expenses, please provide a copy of the contract and a list of the relevant expenses paid.

- 47) **Political Contributions:** Please provide copies of receipts.
- 48) **Labour-sponsored Tax Credits:** Please provide a copy of the T5006 slip and all relevant tax information.
- 49) **Public transit amount:** Eliminated by the Federal government. However, Ontario does have a Senior Public Transit Tax Credit.
- 50) **Refundable Tax Credit for Seniors' Activities - Québec residents:** Please provide copies of receipts. Receipts should clearly state the amounts paid and details about the eligible programs or activities (full name of payer, date of the activities, etc.).

#### BUSINESS ACTIVITIES

- 51) Total of all income not reported on T4's or from Partnerships (e.g. **self-employment** income).
- 52) Total of all **expenses** by category or type. Include GST, HST, or TVQ paid. (**Québec** businesses also see paragraph 53.)
- 53) **Meals** and **entertainment:** List all meals and entertainment expenses at 100% of cost. Separate out meals expense that may be included in hotel bills or other travel expenditures. Meals costs should include all tips, taxes, etc. (Québec now imposes a deduction limit on these expenses.)
- 54) **New equipment** purchased: Need total cost of equipment, description, and **exact** date purchased.
- 55) For **Québec businesses only:** If you have made capital improvements, repairs, or maintenance related to any real estate used in your business, please provide us with copies of invoices for **all** such expenditures. For these to be deductible, we must disclose the name, address, and Québec identifying number of all suppliers and amounts paid to them.

#### AUTOS - if used for any business activity ONLY

- 56) *Please specify what type of written log is used to substantiate the business travel claimed. If there is no written record, please indicate in detail how you determined the business travel.*
- 57) Please provide exact **total kilometres** driven in each car for the year.
- 58) Please indicate the total **business** (non-commuting) **kilometres** driven during the year.
- 59) For each auto, provide date of purchase, description, and cost, if not provided last year. If sold or traded during the year, show date of disposition and proceeds.

#### REBATES - SPECIAL ISSUES (if you qualify)

- 60) **Québec Stock Savings Plan (QSSPs):** Provide copies of all relevés and statements.
- 61) All provinces - **real estate taxes:** Copies of all tax bills paid in the year for your principal residence.
- 62) Non-Québec: If you **rent** a home or apartment, we need the amount of rent paid each month; amount of excludable costs such as utilities included in the rent, if any; and name and address of the landlord.

#### REFUND DEPOSITS

- 63) Canada now provides for the **Direct Deposit** of income tax refunds, as well as GST/HST refunds and Child Tax Benefit payments. If you would like to use this service, please provide a blank cheque with the encoded account information on the bottom (mark cheque "VOID"). Only available for Canadian dollar accounts in Canada.



3. Indebtedness owed to you by non-residents of Canada (promissory notes, bills, bonds, loans, mortgages, etc.)						
Description of indebtedness		Country of Location	Maximum COST amount held <b>during the year</b>	COST amount held at <b>year end</b>	Current year income received	Gain (loss) on disposition

4. Interests in non-resident trusts (unless received by gift or inheritance)							
Name of Trust		Country of Location	Maximum COST amount held <b>during the year</b>	COST amount held at <b>year end</b>	Current year income received	Capital received	Gain (loss) on disposition

5. Real property outside Canada (other than personal use and real estate used in an active business) - usually rental property						
Description of property		Country of Location	Maximum COST amount held <b>during the year</b>	COST amount held at <b>year end</b>	Current year income (loss)	Gain (loss) on disposition

6. Other property outside Canada (e.g. foreign insurance policies, precious metals, futures, rights, etc.)						
Description of property		Country of Location	Maximum COST amount held <b>during the year</b>	COST amount held at <b>year end</b>	Current year income received	Gain (loss) on disposition

7. Foreign property held in an account with a Canadian broker or a Canadian financial institution (total amounts per account only)					
Name of Canadian broker or financial institution		Maximum FMV of foreign assets <b>during the year</b>	FMV of foreign assets at <b>year end</b>	Current year income received	Gain (loss) on disposition





## Living Abroad Questionnaire

### General Information

1 Your Foreign Address:

2 Your Occupation:

3 Employer's name:

4a Employer's U.S. Address (if any):

4b Employer's foreign Address:

4c Is your Employer a U.S. Company? Yes No

4d Is your Employer a foreign affiliate of a U.S. company? Yes No

5 As of which date did you become a resident of the address listed above?

6 Kind of living quarters in foreign country?  Purchased Home  Rented House  Rented Room

7 Is your home furnished by your employer? Yes No

8a Did any of your family live with you abroad during any of the part of the tax year? Yes No

8b If yes, who and for what period?

9 Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? Yes No

10 List any contractual terms or other conditions relating to the length of your employment:

11 Enter the type of Visa under which you entered the foreign country:

12 Are you a U.S. citizen? Yes No

13 Are you a Citizen of any other country? Please list: Yes No

14 Did your visa limit the length of your stay or employment in a foreign country? If "Yes", please explain: Yes No

15 Did you maintain a home in the United States while living abroad? Yes No

16 If "Yes", enter address of your home, whether it was rented, the names of the occupants, and their relationship to you:

17 During 2023 did you travel to the U.S.? (Transit through airport counts as one day.) Yes No

**Continued on second page**

