



FLAHR FRIEDEL
PROFESSIONAL CORPORATION

CHARTERED
PROFESSIONAL
ACCOUNTANTS

2023 Client Questionnaire (Alberta)

Required one per family

IDENTIFICATION & CONTACT INFORMATION (Primary Contact)			
Full Name	SIN	Phone (cell)	
Birthdate MM/DD/YY	Citizenship	Email	
SPOUSE INFORMATION			
Full Name	SIN	Phone (cell)	
Birthdate MM/DD/YY	Citizenship	Email	
DEPENDENT(S)			
Full Name	Birthdate MM/DD/YY	SIN	Attending post-secondary? Yes <input type="checkbox"/> No <input type="checkbox"/> Disability Tax Credit? Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Name	Birthdate MM/DD/YY	SIN	Attending post-secondary? Yes <input type="checkbox"/> No <input type="checkbox"/> Disability Tax Credit? Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Name	Birthdate MM/DD/YY	SIN	Attending post-secondary? Yes <input type="checkbox"/> No <input type="checkbox"/> Disability Tax Credit? Yes <input type="checkbox"/> No <input type="checkbox"/>
OTHER INFORMATION			
Current Address		Previous Address – <i>if moved during the year</i>	
		Date of Move	
Marital Status (as of Dec. 31/23)		Date of Change in Marital Status	

Preferred delivery method of COMPLETED tax return(s): Portal Email Mail Pick up

Would you like to sign up for CRA online mail?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you became or ceased to be a Canadian resident last year, enter date of entry or departure	
Residency status	Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Deemed Resident <input type="checkbox"/>
Were you confined to a prison or similar institution for a period of 90 days or more during the year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you authorize CRA to give your name, address, date of birth and citizenship to Elections Canada to update the National Register of Electors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you sell your principal residence during the year? If yes, please provide: Address of property _____ Year of purchase _____ Proceeds of disposition \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you dispose of a housing unit (including a rental property, or rights to purchase a property) last year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you purchase a new home during the year? If so, were you a firsttime home buyer?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>



Northern Residents Deduction:	
1. Did you reside in a prescribed northern zone for a continuous period of at least six consecutive months? If not the full year, provide dates: from _____ to _____.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Please provide supporting documentation (property tax notice, rent receipts, utility bills).	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Will any other who are sharing this residence be claiming the Northern Residents deductions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Did you or your family members travel for personal or medical reasons? If yes, please provide information, plus receipts , for up to two trips you and each family member took during the year including dates, destination, and names of all family members travelling. Please go to our website at www.ffcpa.ca for the Northern Travel Benefit worksheet.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you own or hold foreign property with a cost of \$100,000 or more at any time during the year (Including United States property and/or shares/stocks)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you own an interest in a foreign affiliate at any time last year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you receive interest, dividends, or benefits from a business in where a relative is a key party (in terms of ownership or involvement)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you on title for property that you are NOT the beneficial owner of? (ex. You have co-signed for a child's mortgage or have been put on the title for a parent's home for estate planning or opened an account in trust for a child).	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you receive any significant prizes or awards from your or a related person's place of employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you disabled or any of your dependents disabled? If so, provide Form T2201, Disability Tax Credit Certificate.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you provide in-home care for an infirm dependent relative?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a caregiver for any infirm family members?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you have significant medical expenses during the year? Please go to our website at www.ffcpa.ca for the medical expense worksheet.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have there been any changes in family circumstance such as births, deaths, marriages, reaching the age of 19 years, and becoming or ceasing to be a resident in Canada?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have there been any significant life events in the past year, such as the death or impairment of a loved one?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have, or share, custody of a child after a relationship breakdown?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you receive a retroactive lump-sum payment over \$3,000 (ex. Spousal support)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
As a Canadian resident, have you reported income from all sources, both inside and outside Canada?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you like to be invited to the FFPC portal (this allows you to securely upload documents/information to FFPC and where FFPC can upload information for you to access in the future)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

It is understood that you will provide us with accurate and complete information necessary to compile your personal tax return. We will not audit, review or otherwise attempt to verify the accuracy or completeness of any information provided. The responsibility for the accuracy of the information and completeness of the representations reflected in your return remains with you.

To Flahr Friedel Professional Corporation, I confirm the following:

To the best of my knowledge and belief, the information provided is complete and accurate, reflecting all sources of income. Business expenses (if applicable), including but not limited to, remuneration paid to family members, business use of personal vehicle and home office, meals, entertainment and travel are reasonable and were incurred to earn business income.

I certify the above answers and certification to be true and correct.

Signature _____

Date _____