GPA LLP

Amount: T1 Con	ntrol Sheet fo	r 2024 Taxatio	n Year	Amount:
Drop off date:		N	New Client: □Y	es or □No
Pick up: ☐ Edmonton ☐ Sher	wood Park 🗆	Portal Cor	porate Client: [☐ Yes or ☐ No
PERSONAL INFORMATION	:			
Client Name:		Spouse Name:		
Client SIN:	ent SIN: Spouse SIN:			
Client D.O.B.: (year/mm/dd)		_ Spouse D.O.B. :(y	year/mm/dd)	
Address:				
City:	Prov:		Postal Code:	
Client Phone:	□ H or □	C Spouse Phone:		□ H or □ C
Client Email:	Spouse Email:			
Marital Status on December 31: ☐ Sing	le Married	☐ Common-law	☐ Separated ☐ Di	vorced Widowed
If Marital Status or Name changed, give o	late &/or name ch	ange:		
Date of Death:	Copy of Wi	ll: □ Y or □ N	Copy of Death Certi	ficate: \square Y or \square N
Canadian Citizen: ☐ Y or ☐ N US Citizen	en: \square Y or \square N	Entry/Exit date	: (year/mm/dd)	
Elections Canada : Do you authorize the update your information on the National I	•		and date of birth to	Elections Canada to
Do you own any Foreign Property with	a total cost greater	than \$100,000?	Y or □ N Comple	ete T1135: □ Y or □ N
Did you own a vacation property with n	nore than 1 persor	on title as of Dec	31, 2024? Complete	UHT 2900: □ Y or □ N
DEPENDANTS: Additional dependants	please write on b	ack on form.		
Name	Relationship	DOB (year/mm/dd)	S.I.N.	Income
Disability Ton Condition file with CDA for		Τ	C D 1	
Disability Tax Credit on file with CRA for				
Tuition Transfer from dependant?				
Medical receipts?		-		
First Time Home Buyer? Digital News Subscription?				
Did you receive a pension from a country	-	•		
• • •			·	
Do you have Direct Deposit set up?		•		
Did you sell your Principal Residence?	⊔ Y or ⊔ N Ye	ar Purchased:	Sale Pric	e:
Full Address:				