

BASIC INFORMATION

TAXPAYER

1. Full Name (per SSA Card): _____
2. Preferred Name: _____
3. Legal Gender: Male Female
4. Are you disabled? Yes No
5. Date of Birth: _____
6. SSN#/ITIN#: _____
7. Name on SSN/ITIN Card: _____
8. Foreign Tax ID #: _____
9. Name on Foreign Tax ID Card: _____
10. Select all that apply:
 - US Citizen
 - Canadian Citizen
 - Green Card Holder
 - Other _____
11. Did you receive an IP PIN letter from the IRS in January? Yes No
If yes, please upload letter to your client portal.
12. Passport Number: _____
 Issuing Country: _____
 Expiry Date: _____
13. Visa Type: _____
 Visa Number: _____
 Expiry Date: _____
14. Occupation: _____
15. Email Address: _____
16. Phone Number: _____

SPOUSE

- Full Name (per SSA Card): _____
- Preferred Name: _____
- Legal Gender: Male Female
- Are you disabled? Yes No
- Date of Birth: _____
- SSN#/ITIN#: _____
- Name on SSN/ITIN Card: _____
- Foreign Tax ID #: _____
- Name on Foreign Tax ID Card: _____
- Select all that apply:
 - US Citizen
 - Canadian Citizen
 - Green Card Holder
 - Other _____
- Did you receive an IP PIN letter from the IRS in January? Yes No
If yes, please upload letter to your client portal.
- Passport Number: _____
- Issuing Country: _____
- Expiry Date: _____
- Visa Type: _____
- Visa Number: _____
- Expiry Date: _____
- Occupation: _____
- Email Address: _____
- Phone Number: _____

17. Preferred Contact Method _____ Contact Days/Time: _____
18. Mailing Address: _____ City: _____
 Province/State: _____ Postal/Zip Code: _____ Country: _____
19. Residing Address (if different): _____ City: _____
 Province/State: _____ Postal/Zip Code: _____ Country: _____
20. Marital Status as of Dec 31st: Single Married Common-Law Separated Divorced
 Widowed Did your marital status change in the year? Yes No If yes, date of change? _____
21. Do you have a bank account in the United States & authorize direct **deposit** with the tax authorities? Yes No
22. Do you have a bank account in the United States & authorize direct **debit** with the tax authorities? Yes No
 If yes, please provide the following:
Bank Name: _____
Account Number: _____
Routing Number: _____

DEPENDENT INFORMATION

Please use additional pages as needed. **NOTE:** Dependents may not be limited to just children

DEPENDENT ONE

1. Full Name: _____
2. Are they disabled? Yes No
3. Date of Birth: _____
4. Relationship: _____
5. Name on SSN/ITIN Card: _____
6. SSN#/ITIN#: _____
7. Name on Foreign Tax ID Card: _____
8. Foreign Tax ID #: _____
9. Did they receive an IP PIN letter from the IRS in January? Yes No

If yes, please upload the letter to your client portal

10. Select all that apply:
 - US Citizen
 - Canadian Citizen
 - Green Card Holder
 - Other _____
11. Passport Number: _____
 Issuing Country: _____
 Expiry Date: _____
12. Visa Type: _____
 Visa Number: _____
 Expiry Date: _____
13. Number of Months Resided with Taxpayer: _____
14. Dependents Gross Income \$: _____
15. Expenses - Select all that apply:
 - Child Care Expenses
 - Medical Expenses
 - Education Expenses
 - Other _____
16. Email Address: _____
17. Additional Information: _____

DEPENDENT TWO

- Full Name: _____
- Are they disabled? Yes No
- Date of Birth: _____
- Relationship: _____
- Name on SSN/ITIN Card: _____
- SSN#/ITIN#: _____
- Name on Foreign Tax ID Card: _____
- Foreign Tax ID #: _____
- Did they receive an IP PIN letter from the IRS in January? Yes No

If yes, please upload the letter to your client portal

- Select all that apply:
 - US Citizen
 - Canadian Citizen
 - Green Card Holder
 - Other _____
- Passport Number: _____
 Issuing Country: _____
 Expiry Date: _____
- Visa Type: _____
 Visa Number: _____
 Expiry Date: _____
- Number of Months Resided with Taxpayer: _____
- Dependents Gross Income \$: _____
- Expenses - Select all that apply:
 - Child Care Expenses
 - Medical Expenses
 - Education Expenses
 - Other _____
- Email Address: _____
- Additional Information: _____

Please answer all questions on the following pages.

For any questions which you are unsure of the answer, **please select unsure.**

TAX FILING & RESIDENCY INFORMATION

	TAXPAYER	SPOUSE
1. Year of last US return filed?:		
2. Type of Return filed: <i>Please provide AET with a copy</i>	1040	1040
	1040NR	1040NR
	Other	Other
3. Can you be claimed as a dependent on anyone else's return?	Yes No	Yes No
4. Have you received a request from the IRS to file a US Return?	Yes No	Yes No
5. Did you pay more than half of the cost of keeping up a home during the year?	Yes No	Yes No
6. Did you move during the tax year?	Yes No	Yes No
Previous address:		
TAXPAYER:		
SPOUSE:		
7. State/Province of residence on Dec 31 st		
8. States/Provinces resided in during 2025		
TAXPAYER:		
SPOUSE:		
Foreign Earned Income Exclusion (Form 2555)		
1. Have you previously filed Form 2555?	Yes No	Yes No
2. Date Residency was established outside of the US?		
3. While residing outside of the US did you :		
Rent your home		
Own your home		
Employer Provided		
Other		
4. Did you maintain a home in the US while residing outside of the US?	Yes No	Yes No
5. Were you present in the US at any time during the calendar year?	Yes No	Yes No
If yes, please provide the date and purpose of each visit. (i.e Aug 9-Aug 13 Vacation)		
TAXPAYER:		
SPOUSE:		

ADDITIONAL INFORMATION

Please complete applicable years – check all that apply

	TAXPAYER		SPOUSE	
	2024	2025	2024	2025
Income				
1. Employment income (wages)				
2. Earned Stock Compensation (RSUs/Options/Etc.)				
3. Earned tips or casual income				
4. Received interest, dividend or other investment income				
5. Received a Form 1099				
6. Sold shares/units of stock/mutual funds				
7. Purchased, sold, mined, traded or owned crypto/virtual currency/NFTs				
8. Income not reported on a slip or tax form (jury duty, gambling winnings, alimony, etc.)				
9. Withdrawn from a retirement/pension plan (if yes, please see "Retirement Accounts" Section)				
10. Are self-employed				
11. Own rental property located in the US				
12. Own rental property located outside of the United States				
13. Own any shares in a US LLC or other Corporation (if yes, please see "other" section)				
14. Own any interest in a partnership (if yes, please see "other" section)				
15. Are you the executor of an Estate (If yes, please see "trust" section)				
16. Received a gift or bequest during the year (if yes, please see "trust" section)				
Deductions/Credits (Receipts must be available upon request by IRS/CRA)				
1. Made contributions to a retirement plan (if yes, please see "Retirement Accounts" Section)				
2. Paid expenses for post-secondary education for yourself or family member				
3. Paid medical expenses (including medical travel)				
4. Paid Mortgage Interest				
5. Paid Real Estate taxes in the US				
6. Paid State tax last year/filed a state return				
7. Donated to charity				
8. Paid for preparation of last year's tax return(s)				
9. Paid estimated taxes to the IRS (not reported on a tax slip or form)				
10. Paid student loan interest				
11. Incurred a casualty/theft loss				

Deductions/Credits Cont.

(Receipts must be available upon request by IRS/CRA)

	TAXPAYER		SPOUSE	
	2024	2025	2024	2025
12. Paid moving expenses				
13. Paid alimony				
14. Incurred employment expenses				
15. Purchased a home or vacation home				
16. Purchased an Electric Vehicle (EV) manufactured in the US				

US SPECIALIZED ACCOUNTS & REPORTING

	TAXPAYER			SPOUSE		
	Yes	No	Unsure	Yes	No	Unsure
Foreign Bank Account Reporting (FBAR)						
Do you have signing authority or an interest in any bank/financial accounts* outside of the United States?						
Did the combined high value of ALL accounts exceed \$10,000 USD at any time during the last year?						
Have you previously received a letter from the IRS requesting you file this form?						
Note: Financial accounts include checking, savings, retirement/pension plans, life insurance policies with a cash surrender value, stocks/bonds/mutual funds held inside an account, Canadian registered plans (RRSP, TFSA, RDSP, RRIF, etc.)						
Retirement Accounts						
Do you own or contribute to a retirement/pension/Superannuation plan located outside of the United States?						
Is the plan sponsored by an employer?						
If yes, does your employer fund at least 50% of the plan?*						
Have you inherited a retirement/pension plan outside of the United States?						
*If no , please provide all plan/account statements for the year for each plan/account showing all activity within the plan/account and the value of the plan/account on December 31st.						
Trusts/Gifts						
Do you own, contribute or are beneficiary of a deferred profit-sharing plan (DPSP)?*						
Do you own, contribute or are beneficiary of an employer stock purchase plan (ESPP)?*						
Do you own, contribute or are beneficiary of any tax deferred or tax-exempt plan(s) outside the US?*						
Do you own, contribute or are beneficiary of any other trust?*						
*If yes , please provide all plan/account statements for the year for each plan/account showing all activity within the plan/account and the value of the plan/account on December 31st.						
Have you received a gift/bequest/inheritance of more than \$100,000 USD?						
Have you received more than \$15,601 USD from a corporation or partnership?						
Have you previously filed form 3520 and/or 3520A?						
Have you previously received a letter from the IRS requesting you file these forms?						

	TAXPAYER			SPOUSE		
	Yes	No	Unsure	Yes	No	Unsure
Other						
Do you own/have interest in 10% or more of a non-US corporation or partnership?*						
*If yes , please provide Articles of Incorporation/Organization, an income statement and balance sheet and a copy of the last return filed in respect of the applicable corporation or partnership. Please provide a completed QUESTIONNAIRE-FOREIGN-ENTITIES						
Have you previously filed Form 5471 or Form 8865?						
Have you previously received a letter from the IRS requesting you file these forms?						