

Completion of this form will help ensure that your tax return is completed accurately and cost-effectively

To guarantee that your return will be prepared by April 30th, we must have all your data by April 16th

Identification:

Your Name: _____ SIN: _____ Birth Date: _____
 Your Spouse: _____ SIN: _____ Birth Date: _____
 Address: _____ Cell: (____) _____ Work: (____) _____
 _____ Spouse Work: (____) _____
 _____ Email: _____

Marital Status:

Married* Common Law* Did your marital status change during the year? Yes: No:
 Widowed Separated If yes, provide the date: _____
 Divorced: Single: * includes same-sex relationships

If we are NOT preparing a tax return for your spouse, please provide the following:

Net Income figure from Line 236 on Page 2 of his/her tax return:

Dependants:

List any **dependants** who were 18 years of age or under as of December 31st

Name	Relationship	2017 Net Income	Birth Date	SIN

Do you, your spouse or any of your dependants qualify for disability credit? Yes: No:

Do you provide shelter and/or financial support to any other relatives (e.g. parents?) Yes: No:

! THIS CAN NOW INCLUDE CHILDREN WITH SEVERE TYPE 1 DIABETES

Delivery of Return and Other Important Matters:

Do you own/hold foreign property with a cost of more than \$100,000? (Attach details if yes) Yes No

Do you authorize CRA to provide information about you to Elections Canada? Yes No

Do you want your tax refund deposited directly to your bank account? (Attach void cheque if yes) Yes No

Paper Copy Electronic Copy Paper and Electronic Copy

Rental Property:

If property was purchased during the year, provide the agreement of purchase and sale as well as the statement of adjustments.

Address: _____ Name of Partner(s) and their % owned: _____

_____ SIN of Partner(s): _____

Management and Administration: _____ Advertising: _____ Income: _____

Repairs and Maintenance: _____ Property Tax: _____ Mortgage Interest: _____

Insurance: _____ Utilities: _____ Professional Fees: _____

Other (specify): _____

Major Renovations and Purchases (specify): _____

Sale of Real Estate (INCLUDING principal residence):

Provide the agreement of purchase and sale as well as the statement of adjustments for BOTH your sale and purchase.

Address: _____ Sale Date: _____ Legal and Other Costs on Sale: _____

_____ Sale Price: _____ Commission Paid on Sale: _____

Name of Partner(s) and their % owned: _____ SIN of Partner(s): _____

Purchase Date: _____ Purchase Price: _____ Legal and Other Costs on Purchase: _____

Additions and Other Major Improvements (specify):

Check this box if this was your principal residence and you have acquired a new principal residence.

Sale of Securities (in non-RRSP or other registered plans INCLUDING cryptocurrencies)

For each brokerage account, please provide the following:

- Transaction Summary for the Year
- Investment Income and Expense Summary for the Year
- December 31st monthly account statement
- T5008 slip

For **ALL** non-RRSP mutual funds, please provide the December 31st year-end statements. These statements should show all mutual fund transactions for the year, including any sales, redemptions or transfers.

Employment Expenses

Include a T2200 - Declaration of Employment Conditions from your employer.

Accounting/Legal Fees: _____ Lodging: _____ Telephone: _____ Supplies (Postage, etc.): _____
Meals/Entertainment: _____ Parking: _____ Other (specify): _____

Automobile Expenses

For business and employment

Year and Make of Automobile: _____ Year of Purchase: _____ Purchase Amount: _____
Total Kilometres Driven in Year: _____ Total Kilometres Driven in Year for Business: _____

If vehicle was purchased or leased in 2016, provide a copy of the purchase or lease agreement

Fuel: _____ Insurance: _____ Payments: _____ Licensing and Registration: _____
Tolls: _____ Car Wash: _____ Loan Interest: _____ Repairs and Maintenance: _____
Other (specify): _____ Other (specify): _____

Home Office

For business and employment

Percentage of home used for business: _____ Telephone: _____ Hydro: _____ Rent: _____
Mortgage Interest (self-employed only): _____ Property Taxes: _____ Heat: _____ Water: _____
Maintenance and Repairs: _____ Internet: _____ Other (specify): _____

Self-Employed Income and Expenses

Business Name: _____ Type of Business: _____
Name of Partner: _____ SIN: _____ Percent Owed by Partner: _____
Licenses, Dues, Memberships, Subscriptions: _____ Internet Fees: _____ Office Supplies: _____
Repairs and Maintenance: _____ Advertising: _____ Salaries: _____
Meals and Entertainment: _____ Insurance: _____ Legal/Accounting: _____
Interest and Bank Charges: _____ Rent: _____ Telephone: _____
Other (specify): _____ Other (specify): _____

Prepare and File Annual GST Return **Yes**

GST Included in Above Amounts **No**

Sources of Income

Check if you have any of the following sources of income

Source	Slip to Bring	Amount
<input type="checkbox"/> Employment Income	T4	
<input type="checkbox"/> Taxable Disability Income	T4A	
<input type="checkbox"/> Profit Sharing Income	T4PS	
<input type="checkbox"/> Commission Income	T4 or T4A	
<input type="checkbox"/> Old Age Security	T4A (OAS)	
<input type="checkbox"/> Canada Pension	T4A (P)	
<input type="checkbox"/> Other Pension/Annuities	T4A	
<input type="checkbox"/> RRIF Income	T4 (RIF)	
<input type="checkbox"/> Withdrawals from RRSP	T4 (RSP)	
<input type="checkbox"/> Employment Insurance Benefits	T4 (E)	
<input type="checkbox"/> Workers Safety Income	T5007	
<input type="checkbox"/> Social Assistance Payments	T5007	
<input type="checkbox"/> Scholarships and Bursaries	T4A	
<input type="checkbox"/> Dividends	T3 or T5	
<input type="checkbox"/> Interest	T4	
<input type="checkbox"/> Limited Partnerships	T4A	
<input type="checkbox"/> Universal Child Care Benefits	T4PS	
<input type="checkbox"/> Working Income Tax Benefit Advance	T4 or T4A	
	Amount	
<input type="checkbox"/> Alimony		_____
<input type="checkbox"/> Child Support (Taxable)		_____
<input type="checkbox"/> Tips and Gratuities		_____
<input type="checkbox"/> Other		_____
<input type="checkbox"/> Other		_____

Deductions and Tax Credits Available

Check if you have any of the following deductions --
include original receipts in all cases

	Amount
<input type="checkbox"/> Investment Loan Interest	_____
<input type="checkbox"/> Student Loan Interest	_____
<input type="checkbox"/> Investment Counselling Fees	_____
<input type="checkbox"/> RRSP Contributions	_____
<input type="checkbox"/> Moving Expenses (more than 40 km)	_____
<input type="checkbox"/> Medical Expenses	_____
<input type="checkbox"/> Adoption Expenses	_____
<input type="checkbox"/> Health Insurance Premiums	_____
<input type="checkbox"/> Union Dues/Professional Fees	_____
<input type="checkbox"/> Child Care Expenses	_____
<input type="checkbox"/> Children's Fitness Expenses	_____
<input type="checkbox"/> Charitable Donations	_____
<input type="checkbox"/> 1st Time Donor	_____
<input type="checkbox"/> Transit Passes	_____
<input type="checkbox"/> Political Party Contributions - Federal	_____
<input type="checkbox"/> Political Party Contributions - Provincial	_____
<input type="checkbox"/> Labour-Sponsored Funds Contributions	_____
<input type="checkbox"/> Tuition Fees - Spouse/Children	_____
<input type="checkbox"/> Tax Installments Paid to Government	_____
<input type="checkbox"/> Alimony Payments Made	_____
<input type="checkbox"/> Child Support (ONLY if deductible)	_____
<input type="checkbox"/> Firefighter/Search & Rescue Credit	_____

If you have any other income and/or deductions that are not listed above, please itemize below and attach supporting receipts.

PLEASE PROVIDE YOUR NOTICE OF ASSESSMENT