

PERSONAL INFORMATION (For deceased taxpayer, please see appendices E & F)					
Full Name		S.I.N.	Birthdate	/	/
Address					Marital Status
City		Province/State			Postal Code
Primary phone	Secondary phone		Fax	Email	
Are any family members disabled? <i>If yes, please provide a T2201</i>		YES	NO	Do you authorize CRA to provide information about you to Elections Canada?	
				Do you authorize CRA to share your contact information with Ontario Health's Organ and tissue donor registry?	
SPOUSE INFORMATION					
Full Name		S.I.N.	Birthdate	/	/
If we are not preparing your spouse's tax return, provide Taxable income figure from line 26000 of their tax return:					
If your marital status changed during the year, please provide the date it changed (MM/DD/YYYY): / /					
CHILDREN INFORMATION					
Full Name - Child 1		S.I.N.	Email		
Attending Post-Secondary Institution? YES		NO	Total Rent Paid (if any)	\$	Birthdate
Full Name - Child 2		S.I.N.	Email		
Attending Post-Secondary Institution? YES		NO	Total Rent Paid (if any)	\$	Birthdate
Full Name - Child 3		S.I.N.	Email		
Attending Post-Secondary Institution? YES		NO	Total Rent Paid (if any)	\$	Birthdate
INCOME SOURCES CHECKLIST					
Employment (T4 or T4A)			RRSP, RRIF, RESP (T4RSP/T4RIF/T4A)		
Government pensions (T4[OAS]/T4A[P])			Estates/Trusts/Mutual fund (T3)		
Employment Insurance (T4E)			Interest/Dividends/Capital Gains (T3/T5/T5013)		
Sale of Shares: Gain/Loss Summary					
TAX DEDUCTIONS CHECKLIST / CREDITS CHECKLIST (WITH OFFICIAL RECEIPTS)					
RRSP/FHSA Contributions			National Student Loan Interest		
Union/Professional Dues			Medical Expenses (net of any reimbursements)		
Child Care Expenses			Charitable or Political Donations (official receipts)		
Moving Expenses (if at least 40km closer to work)			First-time Home Buyer?		
Interest/Fees Paid on Investments (Non-Registered)			Teacher who pays for their own supplies?		
CERB/CRB benefits repaid			Tuition Fees (T2202A/TL11A - Signed by Student)		

SALE OF PROPERTY		
Year of Acquisition		Proceeds of Disposition \$
Cost of Property \$		Seller's Statement of Adjustments
Was this your principal residence? YES NO	Address	
Did you own any other properties that could qualify as a principal residence? YES NO		
FOREIGN REPORTING		
Do you own foreign assets with a cost greater than \$100,000 CAD? YES NO		
If "YES", list of foreign property owned, including:		
Country of Origin		Highest Fair Market Value for the Year
Fair Market Value at Year-End		Total Income and Total Capital Gains
Note: Your T1153 information may be available from your investment advisor		
Have you spent more than 29 but less than 183 consecutive days in the USA? YES NO		
OTHER IMPORTANT DOCUMENTS CHECKLIST		
Investment Portfolio Summary Statement		T2200 Employer Authorization for Expenses Please see Appendix C.
Property taxes, rent or nursing home fees paid during the year		Court-Ordered Spousal Support Payments Paid
Tax Shelters (T5013/Annual Reports)		Court-Ordered Spousal Support Payments Received
Prior Year Notice of Assessment		
OTHER INFORMATION CHECKLIST		
Rental Income and Expenses (Please provide detail listing of rental income and expenses per property in Appendix A.)		Employment/Commission Expenses (Please provide detail listing of employment expenses in Appendix C.)
Self Employment Income and Expenses (Please provide detail listing of the income and expenses in Appendix B.)		Employed Tradespersons and Apprentices (Please provide detail listing of employment expenses in Appendix D.)
Did you build a new home during the year?	YES	NO
If "YES", have you applied for GST/HST Rebates?	YES	NO
Other:		Other:
INSTALLMENT PAYMENTS		
Have you made installment payments for the tax year?		YES NO
If "YES": how much for yourself?		\$
If "YES": how much for your spouse?		\$
If "YES": how much for each child?		\$

APPENDIX A: RENTAL PROPERTY SUMMARY* (Please provide this form for each rental property)

DETAILS OF PROPERTY

Address of Rental Property		City
Province/State	Postal Code	Country

Ownership Percentage (%)

Full Name - Co-Owner 1	S.I.N. - Co-Owner 1
Full Name - Co-Owner 2	S.I.N. - Co-Owner 2

RENTAL INCOME

Gross Rental Income	\$	Did you pay for any major renovations or large purchases (i.e. appliances) during the tax year?
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RENTAL EXPENSES

Advertising	\$	YES	NO
Insurance	\$	If "YES", please provide the details of the renovations/purchase and provide the cost amount below.	
Mortgage Interest	\$		
Office Expenses	\$	Renovation/Purchase Amount	Renovation/Purchase Description
Legal & Accounting	\$	\$	
Management & Admin	\$	\$	
Repairs & Maintenance	\$	\$	
Property Taxes	\$	\$	
Travel	\$	\$	
Utilities	\$	\$	
Other (please specify)	\$	\$	
	\$	\$	
	\$	\$	
Net Rental Income	\$		

OTHER

Are you onside with your municipality's short term rental requirements? YES NO

* While you do not need to send us your individual expense receipts, please note that Canada Revenue Agency may ask to see these at some point after your tax return has been filed.

Acceptable receipts must be issued by the vendor (not a credit card statement) and should include the date, vendor name, and amount paid.

CRA also requires that automobile expense claims be supported by a mileage log.

APPENDIX B: SELF-EMPLOYED INCOME AND EXPENSES* (Please provide this form for each business)

DETAILS OF BUSINESS			
Name of Business		Type of Business	
Full Name - Partner 1		Percentage (%) Owned	
Full Name - Partner 2		Percentage (%) Owned	
REVENUE		CAPITAL ASSET PURCHASES	
Gross Receipts/Sales	\$	Did you purchase or sell any capital assets during the tax year?	
EXPENSES		YES	NO
Bad Debts	\$	If "YES", please provide the details of the renovations/purchase and provide the cost amount below.	
Insurance	\$		
Meals & Entertainment	\$		
Interest & Bank Charges	\$		
Licenses, Dues & Memberships	\$	\$	Asset Purchase Description
Office Expenses	\$	\$	
Supplies	\$	\$	
Professional Dues	\$	\$	
Rent	\$	\$	
Maintenance & Repairs	\$	\$	
Salaries	\$	Asset Sale Amount	Asset Sale Description
Travel	\$	\$	
Telephone & Utilities	\$	\$	
Vehicle Expenses:		\$	
Year, Make & Model		\$	
Kilometers Driven for Business	KMs	\$	
Total Kilometers Driven	KMs	\$	
HST REPORTING			
Purchase/Sale Price	\$	Is your business registered for HST?	YES NO
Gas	\$	If "YES", what is your HST number?	
Insurance	\$	Is HST included in the above amounts?	YES NO
Maintenance & Repairs	\$	Is W&U filing the HST return?	
Interest on Auto Loans	\$	Did you employ any apprentices during the year?	YES NO
Leasing	\$	If "YES", note the gross salary paid for the year \$	

* While you do not need to send us your individual expense receipts, please note that Canada Revenue Agency may ask to see these at some point after your tax return has been filed.

Acceptable receipts must be issued by the vendor (not a credit card statement) and should include the date, vendor name, and amount paid.

CRA also requires that automobile expense claims be supported by a mileage log.

APPENDIX C: EMPLOYMENT EXPENSES* (Please attach a signed T2200-Declaration of Employment Conditions from your employer)

Travel	\$	Telephone	\$
Parking	\$	Office Rent	\$
Office Supplies	\$		
Vehicle Expenses (if applicable):		Vehicle Information (if applicable):	
Fuel	\$	Year, Make & Model	
Maintenance & Repairs	\$	Purchase/Sale Price	\$
Insurance	\$	Date of Purchase/Sale	
Licensing & Registration Fees	\$	If Leased, Date Lease Began	
Loan Interest	\$	Kilometers Driven for Business	KMs
Lease Payments	\$	Total KMs driven in the year	KMs
Car Washes	\$		
Parking	\$		
Other (please specify)			
	\$		
	\$		
	\$		

APPENDIX D: EMPLOYED TRADESPERSONS AND APPRENTICES*
Tools Purchased During the Year (please specify):

	\$		\$
	\$		\$
	\$		\$
	\$		\$

* While you do not need to send us your individual expense receipts, please note that Canada Revenue Agency may ask to see these at some point after your tax return has been filed.

Acceptable receipts must be issued by the vendor (not a credit card statement) and should include the date, vendor name, and amount paid.

CRA also requires that automobile expense claims be supported by a mileage log.

APPENDIX E: DECEASED TAXPAYER IN THE YEAR

Date of Death	/	/	Name of Executor/Primary Contact		
Executor/Primary Contact Address					
Executor/Primary Contact Phone				Executor/Primary Contact Email	
Have you been working with a lawyer for estate matters?			YES	NO	
If "YES": Lawyers office and contact person:					
Does the deceased taxpayer have a surviving spouse?			YES	NO	
Will the estate be applying for a clearance certificate?			YES	NO	UNSURE
More information on this can be found here: CRA Clearance Certificates					
Will executor's fees be taken on the estate?			YES	NO	UNSURE

APPENDIX F: DECEASED TAXPAYER - DOCUMENTATION CHECKLIST

Copy of Will			Copy of Death Certificate		
Copy of Estate Asset Listing (if applicable)			Did the estate receive the \$2,500 CPP Death Benefit?		
Did the taxpayer have a principal residence at the date of death?			YES	NO	
If "YES": Year of Acquisition:			If "YES": % of Ownership:		
If "YES": Cost at Acquisition: \$			If "YES": Fair Market Value at Date of Death: \$		
If "YES": Had another property been designated as principal residence by the deceased taxpayer or their spouse during the years of ownership?			YES	NO	Note years:
Did the taxpayer have any other real property at the date of death?			YES	NO	Describe:
If "YES": Year of Acquisition:			If "YES": % of Ownership:		
If "YES": Cost at Acquisition: \$			If "YES": Fair Market Value at Date of Death: \$		
Did the taxpayer have any foreign property at the Date of Death?			YES	NO	
Did the taxpayer have any investments at the Date of Death?					
RRSP	YES	NO	RRIF	YES	NO
TFSA	YES	NO	FHSA	YES	NO
GIC	YES	NO			
Non-Registered	YES	NO	Corporate Shares	YES	NO
Interest-Bearing Bank Account	YES	NO	Foreign Pensions	YES	NO
If "YES": T-Slips and Supporting Documents			If "YES": Statement at Date of Death		
If "YES": Confirmation of Named Beneficiaries (if applicable)			If "YES": Statement at Disposition Date (if occurred to date)		
If "YES": Non-Registered Accounts: Realized Gain/Loss Report: January 1 - Date of Death					
If "YES": Non-Registered Accounts: Realized Gain/Loss Report: Date of Death - Disposition Date					
Did the taxpayer hold any other property at the Date of Death? <i>For example, property with an increased value over time such as paintings, antiques, etc.</i>			YES	NO	
If "YES": Other property (description of item, original cost, fair market value at Date of Death)					