

PERSONAL INFORMATION (For deceased taxpayer, please see appendices E & F)									
Full Name			S.I.N.		Birthdate / /			Citizenship	
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?			YES NO	
					Do you authorize CRA to share your contact information with Ontario Health's Organ and tissue donor registry?			YES NO	
SPOUSE INFORMATION									
Full Name			S.I.N.		Birthdate / /			Citizenship	
If we are not preparing your spouse's tax return, provide <b>Taxable income figure from line 26000</b> 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
<b>Note:</b> 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 <b>Please see Appendix C.</b>
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 <b>Appendix A.</b> )	Employment/Commission Expenses (Please provide detail listing of employment expenses in <b>Appendix C.</b> )
Self Employment Income and Expenses (Please provide detail listing of the income and expenses in <b>Appendix B.</b> )	Employed Tradespersons and Apprentices (Please provide detail listing of employment expenses in <b>Appendix D.</b> )
Did you build a new home during the year? YES NO	Other:
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		PURCHASES & RENOVATIONS	
Gross Rental Income	\$	Did you pay for any major renovations or large purchases (i.e. appliances) during the tax year?  YES      NO  If "YES", please provide the details of the renovations/purchase and provide the cost amount below.	
RENTAL EXPENSES			
Advertising	\$		
Insurance	\$		
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?  YES      NO	
EXPENSES			
Bad Debts	\$	If "YES", please provide the details of the renovations/purchase and provide the cost amount below.	
Insurance	\$		
Meals & Entertainment	\$		
Interest & Bank Charges	\$	Asset Purchase Amount	Asset Purchase Description
Licenses, Dues & Memberships	\$	\$	
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	\$	
If Leased, Date Lease Began		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?	YES      NO
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 \$	

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

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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):			
	\$		\$
	\$		\$
	\$		\$
	\$		\$

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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.



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?										YES										NO																													
For example, property with an increased value over time such as paintings, antiques, etc.																																																	
If "YES": Other property (description of item, original cost, fair market value at Date of Death)																																																	