



Section 1 – Necessary Slips, Summaries, and Receipts

- | | |
|--|--|
| <input type="checkbox"/> Prior Yr Notice of Assessment | <input type="checkbox"/> Instalments Paid (if applicable) |
| <input type="checkbox"/> Prior Yr Tax Return (<i>new clients</i>) | <input type="checkbox"/> Questionnaire, completed Void |
| <input type="checkbox"/> Current Yr Tax Information Slips | <input type="checkbox"/> Cheque (<i>for setup/change to direct deposit with CRA</i>) |

Section 2 – Identification and Contact Information **NO CHANGES – GO TO SECTION 3**

	Individual	Spouse (if applicable)
Name:		
Social Insurance Number:		
Birth Date (mm/dd/yy):		
Citizenship:		
U.S Green Card Holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need a US Tax Return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
Phone 1 (Home):		
Phone 2 (Cell):		
Email address:		
Sold your principal residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status:		
Date Change in Marital Status:		
Prepare Current Yr return? If no, please provide the figure from line 236 on page 2 of their CY return.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you eligible for the Disability Tax Credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own Foreign Property with a cost of more than \$100,000? Please provide details and copy of broker's 1135 report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorize CRA to provide data about you to Elections Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dependents:	1	2	3	4
Name:				
Social Insurance Number:				
Relationship (shared custody arrangement):				
Birth Date (mm/dd/yy):				
Citizenship:				
U.S Green Card Holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need a US Tax Return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prepare Current Yr return? If no, please provide the figure from line 236 on page 2 of their CY return.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you eligible for the Disability Tax Credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In Post Secondary School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorize Tuition Transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorize CRA to provide data about you to Elections Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Income Tax Questionnaire

Section 3 – Income and Deductions

Income	Deductions/Credits ***please include receipts***
Employment Income – T4	Charitable Donations
Profit Sharing Income - T4PS	Political Contributions
Commission Income	Labour-Sponsored Funds - T5006
Old Age Security Income – T4A(OAS)	RRSP Contributions
Canada Pension Plan – T4A(P)	Moving Expenses
Other Pensions/Annuities – T4A	Tuition Fees for Self – T2202A/TL11
Withdrawals from RRIF – T4RIF	Tuition for Spouse/Dependents
Withdrawals from RRSP – T4RSP	Union Dues/Professional Fees
EI Benefits – T4E	Child Care Expenses
Workers Compensation - T5007	Interest on Student Loans
Social Assistance Payments - T5007	Employment Expenses *Section 4
Universal Child Care Benefits – RC62	Alimony/Support Paid
Dividend Income – T3/T5	Disability Amount – T2201
Interest Income – T3/T5	Medical Expenses
Limited Partnership Income – T5013	Rent Paid
Alimony Income	Property Taxes Paid
Self Employment Income *Section 4	Investment Loan Interest (Non-RRSP)
Rental Property Income *Section 5	Investment Management Fees (Non-RRSP)
Sale of Real Estate *Section 6	Seniors' Public Transit Tax Credit
Sale of Non-RRSP Stocks or Mutual Funds *Section 7	Limited Partnership Issues Costs
Foreign Source Income	Foreign Taxes Paid
Other Income:	Instalments
	Other Deductions/Credits:

Any other information you feel may be important for income tax filings?

Personal Income Tax Questionnaire

Section 4 – Employment Expenses/Self Employment *Please attach a separate paper if need be*

Employment Expenses

1. Please ensure that you have signed a T2200 - Declaration of Employment Conditions. Provide us with a copy, and keep the original should the government ask for you to substantiate this claim.
2. Did your employer provide you with an automobile? No (Please complete **Section 4B**) Yes
3. Is your employer registered for HST? Yes No
4. Were you reimbursed by your employer for part or all of expenses? All Reimbursed
 Not reimbursed Partly (If not reimbursed or partly, please complete **Section 4C**)
5. Were you required to operate an office from your home?
 Yes (Please complete **Section 4D**) No

Self Employment Income and Expenses

1. Please fill the details in below:

Name of Business:		Type of Business:	
Address:		Percentage Owned:	
		Joint Owner's Name(s):	
Revenue from Self Employment: (excluding HST): \$			
HST Collected: \$			

2. Did you use an automobile for business? Yes (Please complete **Section 4B**) No
3. Are you registered for HST? Yes Yes, but I have filed my own return No
4. Please complete the expense sheet in **Section 4C**.
5. Did you have a home office? Yes (Please complete **Section 4D**) No

Section 4B Automobile Expenses	
Year and Make:	
Purchase Price:	\$
Year Purchased:	
Total km driven in the year: _____	
Km relating to Employment or Business: _____	
	Total
Fuel:	\$
Repairs/Maintenance:	\$
Insurance:	\$
Licensing:	\$
Loan Interest:	\$
Lease Payments*:	\$
Auto Club Membership:	\$
407 ETR:	\$
Any 'per km' allowance received:	\$
*If leased, provide a copy of the lease paperwork	
**If a vehicle was disposed of in the year, please provide details	

Section 4C Employment/Self Employment Expenses	
Accounting/Legal Fees:	\$
Advertising:	\$
Licenses/Dues/Fees:	\$
Insurance:	\$
Interest/Bank Charges:	\$
Meals/Entertainment:	\$
Office Supplies:	\$
Lodging/Travel:	\$
Parking:	\$
Rent:	\$
Salaries*:	\$
Telephone:	\$
Other:	\$
	\$
	\$
Total Amounts Reimbursed**	\$
*Self Employment Only **Employment Only	

Section 4D – Home Office Expenses			
Percentage of Dwelling used for Business or Employment: _____ %			
	Total for year		Total for year
Heat:	\$	Mortgage Interest:	\$
Hydro:	\$	Property Taxes/Rent:	\$
Maintenance/Repairs:	\$	Insurance:	\$
Water:	\$	Other:	\$

Personal Income Tax Questionnaire

Section 5 – Rental Property Income and Expenses

* attach additional copies for multiple properties

Address:		
Percentage Owned:		
Joint Owner Name:		
Income (rent collected)	\$	
Expenses		
Advertising:	\$	
Condo Fees:	\$	
Insurance:	\$	
Mortgage Interest:	\$	
Repairs/Maintenance:	\$	
Property Taxes:	\$	
Salaries/Administration	\$	
Utilities:	\$	
Other Expenses:	\$	
	\$	
	\$	
Major Renovations and Purchases		
<i>for example, Appliances</i>		
	\$	
	\$	
	\$	
Please provide purchase documents if the property was purchased in the current year		

Section 6 – Sale or Change of Use of Real Estate

*Including Principal Residence

**Change of use includes a full or partial conversion of a personal residence to a rental property or a rental property to a personal residence

Address:		
Percentage Owned:		
Joint Owner Name:		
Date Purchased:		
Purchase Price:	\$	
Legal Cost on Purchase:	\$	
Additions or Major Improvements:		
Year:	\$	
Year:	\$	
Year:	\$	
Year:	\$	
Date Sold:		
Sale Price:		\$
Legal Cost on Sale:		\$
Insurance:		\$
Commissions Paid:		\$
Other Selling Expenses:		\$
		\$
		\$
Please provide the purchase and/or sale legal documents and a real estate appraisal or opinion of value (if applicable)		

Section 7: Sale of Non-RRSP Stocks and Mutual Funds

1. Non-RRSP Stocks – please provide broker's summary for both the purchase and the sale denominated in Canadian dollars:

Name of Stock	Date Sold (mm/dd/yy)	Number of Shares	Sale Price*	Purchase Price*	Commissions Paid

2. Non-RRSP Mutual Funds (including systemic withdrawal programs)

Please provide the December 31st year end statements for all your non-RRSP mutual funds. These statements were sent to you by the mutual fund companies in January. The statements show all transactions for the year, including any sale, redemption, or transfer of your shares in the mutual fund during the year. Please attach a list of all of your mutual funds that had shares sold or transferred during the year