



Tax Return Preparation for Individuals

Client Full Name	
Social Insurance No.	
Date of Birth dd/mm/yy	
E-mail Address	
Returning Client	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

PERSONAL INFORMATION: (Returning Clients – please only complete information in this section that has changed since last year)			
	Name	Date of Birth dd/mm/yy	Social Insurance Number
Spouse/partner			
Dependant #1			
Dependant #2			
Dependant #3			
Is your address new this year? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Address:		Apt. #	
Street:		City:	
Province:		Postal Code:	
Telephone: Home: ()		Telephone: Office: ()	
Telephone: Cell: ()			
Province of residence at December 31, 2017:			
Important Dates:		N/A	dd mm yy
Date of departure from or entry to Canada (if within tax year)			
Date of marriage if within tax year			
Date of separation or divorce (if within tax year)			
Date of commencing common-law relationship ¹			

INCOME: SLIPS and TIPS
Please provide all your income slips. These could include the following: T3(Trust), T4(Employment), T4A(Pension), T4A(OAS), T4A(CPP), T4E(employ Insurance), T4RSP(RRSP Withdraw), T4RIF(RR Income Fund Withdraw), T5(Investment), T5007(Workers Comp/Social Assis.), T5008(Securities Trans.), T5013(Partnership Inc.) and NR4 (Non-Resident Inc.)
If you are employed in a service industry, what is the amount of Tips you received not included on your T4: \$ N/A <input type="checkbox"/>

¹ **Common-law partner** – this applies to a person who is not your spouse, with whom you are in a conjugal relationship, and to whom any one of the following situations applies. 1. You have lived together with your partner for more than 12 consecutive months, 2. You have a child together (including adoption), or 3. You have primary custody of a child under the age of 18.



OTHER ITEMS - Documentation is required for the following	
Spousal Support Payment (Receipt or Payment)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Employment Expenses Form T2200 + Receipts	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Tuition Fees Form T2202	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Donation Receipts	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
RRSP Contributions	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Home Buyer Plan withdraws/payments	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Child Care Expenses	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Medical Expenses	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Moving Expenses	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Professional Dues	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Union Dues if not on T4	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Do you or a dependent family member have a disability that has been or should be certified by a medical professional? (If yes, please provide/obtain Form T220. Also, provide Form T1013 signed by the person if it is not you.)	
YES <input type="checkbox"/> Name of person:	NO <input type="checkbox"/>

NON REGISTERED INVESTMENTS (Check if this section is not applicable <input type="checkbox"/>)	
Do you hold investments outside of a registered account?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Do you have foreign assets with a cost over \$100,000?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Please provide your annual investment reports provided by your Bank and Brokerage firm. These would include the Realized Gain/Loss report, Annual Trading summary, Performance and Fees statement, and Portfolio statement.	

REAL ESTATE (Check if this section is not applicable <input type="checkbox"/>)	
Did you sell any real estate owned by you or your spouse/partner? If yes, please also provide legal statement of adjustments.	
Type of property sold:	Residential <input type="checkbox"/> Commercial <input type="checkbox"/>
Cost to Purchase: \$	Date of purchase dd/mm/yy
Sale Proceeds: \$	Date of sale dd/mm/yy
Costs of Disposition: \$	
Was this property your principal residence? YES <input type="checkbox"/> NO <input type="checkbox"/>	
How many months in the year was it your principle residence? /months	



PROFESSIONAL, BUSINESS, AND/OR RENTAL INCOME (Check if this section is not applicable <input type="checkbox"/>)	
Type of business:	
Have you provided a summary of your income and expenses?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If a summary is not included have you provided all receipts?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Your Share of Profits	%
Spouse/Partner Share of Profit (if applicable)	%

HOME OFFICE: (Check if this section is not applicable <input type="checkbox"/>)			
Total Square feet of residence:	Total Square feet of office:	Office Only % =	
Mortgage interest (Do not include principle payment portion)	\$	Maintenance	\$
Utilities (water/gas/electric/oil/sewer/garbage)	\$	Property Taxes	\$
Insurance	\$	Other	\$

AUTOMOBILE EXPENSES (Self Employed or Rental Business with 3 or more Properties) (Check if this section is not applicable <input type="checkbox"/>)			
Do you have an automobile log? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Do you Own <input type="checkbox"/> or Lease <input type="checkbox"/>			
Make, Model and Year of vehicle:			
If lease, lease costs?	\$		
If own, interest costs?	\$		
Odometer at beginning of reporting period	km		
Odometer at end of reporting period	km		
Percentage of car usage	Business %	+ Personal %	= Total 100%
Fuel expenses	\$		
Car insurance	\$		
Repairs and maintenance	\$		
Parking expenses	\$		

Other Information: (Use back of page if necessary)

I confirm that all information required to complete my tax return has been provided.

Client Signature

Date