



Personal Information

| | | | | | | |
|------------------------|----------------------------------|-------------------------------------|---------------------------------|------------------------------------|-----------------------------------|----------------------------------|
| Name: | | SIN: | | Date of Birth: | | |
| Spouse Name: | | SIN: | | Date of Birth: | | |
| Address: | | | | | | |
| Tel: | | | Email: | | | |
| Marital Status: | <input type="checkbox"/> Married | <input type="checkbox"/> Common-Law | <input type="checkbox"/> Single | <input type="checkbox"/> Separated | <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed |

Dependents Information

| | | | |
|-------|----------------|---------------|------------------------|
| Name: | Date of Birth: | Relationship: | \$ Net Income—line 236 |
| Name: | Date of Birth: | Relationship: | \$ Net Income—line 236 |
| Name: | Date of Birth: | Relationship: | \$ Net Income—line 236 |
| Name: | Date of Birth: | Relationship: | \$ Net Income—line 236 |

Do you own foreign property/investment (out of Canada) with a cost base of more than CAN \$100,000? Yes / No If Yes, please complete T1135

Do any of your family members qualify for the disability tax credit? Yes / No If Yes, please complete T2201

Citizenship: Canadian (If so, do you allow CRA to release information about you to Elections Canada? Yes / No) U.S. (If so, you may be required to file a U.S. tax return Please contact us for more information)

Newcomers to Canada

If you have become or ceased to be a resident of Canada for income tax purposes in 2022, enter the day of: Entry MM/DD or departure MM/DD

Please enter net world income for the period you were not a resident of Canada: yours _____ your spouse's _____

Please enter net world income for the period you were a resident of Canada: yours _____ your spouse's _____

| Slips | Source of Income | Slips to attach |
|--------------------------|--|--|
| <input type="checkbox"/> | Employment or Commissions Income | T4, T4A slips |
| <input type="checkbox"/> | COVID related benefits: CERB, CESB, CRB, CRSB, CRCB, CWLB | T4A |
| <input type="checkbox"/> | Employment Insurance (EI) Benefits and Repayments | T4E slips |
| <input type="checkbox"/> | Worker's Compensation Benefits, Social Assistance Payments | T5007 |
| <input type="checkbox"/> | Scholarships & Bursaries, Taxable Disability Income | T4A |
| <input type="checkbox"/> | Pension Income CPP, OAS, RRSP, RRIF | T4A(P), T4A(OAS), T4A, T4RSP, T4RIF slips |
| <input type="checkbox"/> | Investment or Dividend Income | T3, T5 slips |
| <input type="checkbox"/> | Limited Partnership Income | T5013 slips |
| <input type="checkbox"/> | Rental Income | Please complete a table on page 2 |
| <input type="checkbox"/> | Business, Self-Employment, Professional Income | Please complete a table on page 2 |
| <input type="checkbox"/> | Spousal Support Income | Details: Name of the payer and the amount received |
| <input type="checkbox"/> | Sale of Real Estate of Principal Residence | Purchase year, sale date, and proceeds |
| <input type="checkbox"/> | Sale of Investments, Taxable Capital Gain or Losses | T5008 slips, Purchase date & cost, sale date & proceeds |
| Slips | Deductions and Tax Credits | Slips to attach |
| <input type="checkbox"/> | RRSP Contributions, RRSP Contributions - spouse | Official receipts, T4, T4A slips |
| <input type="checkbox"/> | Annual Union, Professionals Dues | Official receipts, T4 |
| <input type="checkbox"/> | Child Care Expenses | Official receipts, and please complete a table on page 2 |
| <input type="checkbox"/> | Moving Expenses inside of Canada | Please provide receipts and details |
| <input type="checkbox"/> | Spousal and Child Support Paid | Details: Name of the payee and the amount paid |
| <input type="checkbox"/> | Employment Expenses | #of days or T2200 and please complete a table on page 2 |
| <input type="checkbox"/> | Interest, Investment Expenses Paid on Investment loans | Details |
| <input type="checkbox"/> | Charitable and Political Donations | Official receipts |
| <input type="checkbox"/> | Medical and Dental Expenses | Official receipts, a summary from pharmacies |
| <input type="checkbox"/> | Tuition and Exam Fees, Interest paid on Canada Student Loan | T2202, T2202A, TL11A, Official receipts |
| <input type="checkbox"/> | Rent or Property Tax Paid (for your principal residence) | Details |
| <input type="checkbox"/> | First Home Buyer's amount, HBP and LLP withdrawals and payments | Details, (land transfer tax statement for a purchase) |
| <input type="checkbox"/> | Canada Caregiver Amount, Home Accessibility Exp (Disabled, Senior) | Details |
| <input type="checkbox"/> | Ontario Staycation Tax credit (Ontario province only) | Please provide receipts |

Child Care Expenses

| | | | |
|-----------------|-----------------------------|-----------------|-------------|
| Dependant Name: | Name of the Caregiver/Camp: | Amount Paid: \$ | Camp Weeks: |
| Dependant Name: | Name of the Caregiver/Camp: | Amount Paid: \$ | Camp Weeks: |
| Dependant Name: | Name of the Caregiver/Camp: | Amount Paid: \$ | Camp Weeks: |
| Dependant Name: | Name of the Caregiver/Camp: | Amount Paid: \$ | Camp Weeks: |

Income and Expenses Information

| Description | Employment Expenses * | Rental Income & Expenses | Business Income & Expenses |
|---|-----------------------|--------------------------|----------------------------|
| Your percentage of the income | % | % | % |
| Start Date | | | |
| End Date | | | |
| Address | N/A | | |
| GST/HST Registrant? <input checked="" type="radio"/> Yes / <input type="radio"/> No | | | |
| Do you file GST/HST? <input checked="" type="radio"/> Yes / <input type="radio"/> No | N/A | | |
| Do the amounts below include GST/HST? <input checked="" type="radio"/> Yes / <input type="radio"/> No | | | |
| Gross Revenue | N/A | | |
| Advertising and Promotion Expenses | Commission Employees | | |
| Meals and Entertainment – 100% | Commission Employees | N/A | |
| Insurance Expenses | | | |
| Interest & Bank Charges | N/A | | |
| Business Tax, License, Membership Expenses | N/A | N/A | |
| Office Expenses | | | |
| Office Stationery and Supplies | | N/A | |
| Accounting, Professional, and Legal Expenses | Commission Employees | | |
| Management and Administration Fees | | | |
| Repairs and Maintenance | | | |
| Salaries, Wages and Benefits | | | |
| Travel Expenses | | | |
| Delivery and Freight Expenses | N/A | | |
| Telephone and Internet | N/A | | |
| Other | | | |
| Vehicle Expenses – Please provide a logbook | | | |
| Km driven for business purposes | | | |
| Total km driven | | | |
| Fuel and Oil Expenses | | | |
| Car Interest Expenses | | | |
| Car Insurance Expenses | | | |
| Licence and Registration | | | |
| Maintenance and Repairs | | | |
| Car Leasing Expenses | | | |
| Parking Expenses | | | |
| Car Other Expenses | | | |
| Home Office Expense | | | |
| Total sqft of area used for business | | | |
| Total sqft of home | | | |
| Heat | | | |
| Electricity | | | |
| Home Insurance | Commission Employees | | |
| Home Maintenance | | | |
| Mortgage Interest / Rent | N/A | | |
| Property Taxes | Commission Employees | | |
| Other Expenses | | | |

*Please select Employment expenses method: 1. Detailed Method – please provide signed T2200 form from your employer.
 2. Simplified Method – please provide total numbers of days you worked from home due to COVID-19, \$ 2 * _____ (max 250 days)