



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

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 bussines 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			