

PERSONAL INFORMATION			
Full Name	S.I.N.	Birthdate	Citizenship
Apt./Suite – Building Number Street Name, City, Postal Code			Marital Status
Primary phone	Secondary phone	Fax	Email
Any family members disabled? YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you authorize CRA to provide information about you to Elections Canada? YES <input type="checkbox"/> NO <input type="checkbox"/>	
SPOUSE'S INFORMATION			
Full Name	S.I.N.	Birthdate	Citizenship
If we are not preparing your spouse's tax return: Taxable income figure from line 260 of their tax return: _____			
If your marital status changed during the year, please provide the date it changed (MM/DD/YYYY): ____/____/____			
CHILDREN'S INFORMATION			
Full Name – Child 1	S.I.N.	Birthdate	Citizenship
Attending Post-Secondary Institution? YES <input type="checkbox"/> NO <input type="checkbox"/> - <i>If yes please attach T2202A</i>			
Full Name – Child 2	S.I.N.	Birthdate	Citizenship
Attending Post-Secondary Institution? YES <input type="checkbox"/> NO <input type="checkbox"/> - <i>If yes please attach T2202A</i>			
Full Name – Child 3	S.I.N.	Birthdate	Citizenship
Attending Post-Secondary Institution? YES <input type="checkbox"/> NO <input type="checkbox"/> - <i>If yes please attach T2202A</i>			
SALE OF PRINCIPAL RESIDENCE			
Did you sell your principal residence during the year?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES: Year of Acquisition: _____ Proceeds of Disposition: _____			
Did you own any other properties that could qualify as a principal residence?			YES <input type="checkbox"/> NO <input type="checkbox"/>
FOREIGN REPORTING			
Do you own foreign assets with a cost greater than \$100,000 CAD?			YES <input type="checkbox"/> NO <input type="checkbox"/>
INCOME SOURCES CHECKLIST			
Employment (T4 or T4A)	<input type="checkbox"/>	RRSP, RRIF, RESP (T4RSP/T4RIF/T4A)	<input type="checkbox"/>
Government pensions (T4A[OAS]/T4A[P])	<input type="checkbox"/>	Estates/Trusts/Mutual Fund (T3)	<input type="checkbox"/>
Employment Insurance (T4E)	<input type="checkbox"/>	Interest/Dividends/Capital Gains (T3/T5/T5013)	<input type="checkbox"/>
TAX DEDUCTIONS / CREDITS CHECKLIST (with official receipts)			
RRSP Contribution (RRSP slips up to March 1, 2019)	<input type="checkbox"/>	National Student Loan Interest	<input type="checkbox"/>
Union/Professional Dues	<input type="checkbox"/>	Medical Expenses (net of any reimbursements)	<input type="checkbox"/>
Child Care Expenses (Incl. Name & SIN of Recipient)	<input type="checkbox"/>	Charitable or Political Donations (official receipts)	<input type="checkbox"/>
Moving Expenses (if at least 40km's closer to work)	<input type="checkbox"/>	First-time Home Buyer?	<input type="checkbox"/>
Accounting Fees (other than Lohn Caulder's fees)	<input type="checkbox"/>	Teacher who pays for their own supplies?	<input type="checkbox"/>
Interest/Fees Paid on Investments (Non-Registered)	<input type="checkbox"/>	Tuition Fees (T2202A – Signed by Student)	<input type="checkbox"/>
Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

OTHER IMPORTANT DOCUMENTS CHECKLIST			
Mutual Fund Investment Summary Statement	<input type="checkbox"/>	Tax Shelters (T101/T5013/Annual Reports)	<input type="checkbox"/>
Sale of Property: Address, Cost of property	<input type="checkbox"/>	T2200 Employer Authorization for Expenses (Please see Appendix C below)	<input type="checkbox"/>
Sale of Property: Seller's Statement of Adjustments	<input type="checkbox"/>	Court-Ordered Spousal Support Payments <i>Paid</i>	<input type="checkbox"/>
Sale of Shares: Gain/Loss Summary from Broker	<input type="checkbox"/>	Court-Ordered Spousal Support Payments <i>Received</i>	<input type="checkbox"/>
New Clients: Notice of Assessment for Prior Year	<input type="checkbox"/>	New Clients: T1 Tax Return Filed for Prior Year	<input type="checkbox"/>
New Clients: Signed T1013 Authorization Form (Included after Appendix C below)	<input type="checkbox"/>	Other:	<input type="checkbox"/>

OTHER INFORMATION CHECKLIST (please provide if necessary)			
Rental Income and Expenses (Please provide detail listing of rental income and expenses per property below in Appendix A)	<input type="checkbox"/>	List of foreign property owned, including:	
Self-Employment Income and Expenses (Please provide detail listing of the income and expenses below in Appendix B)	<input type="checkbox"/>	Country of Origin	<input type="checkbox"/>
Employment/Commission Expenses (Please provide detail listing of employment expenses in Appendix C)	<input type="checkbox"/>	Fair Market Value at Year-End	<input type="checkbox"/>
Other:	<input type="checkbox"/>	Highest Fair Market Value for The Year	<input type="checkbox"/>
Other:	<input type="checkbox"/>	Total Income and Total Capital Gains	<input type="checkbox"/>
		Signed T1 Engagement Letter (available online)	<input type="checkbox"/>
		Other:	<input type="checkbox"/>
		Other:	<input type="checkbox"/>

INSTALLMENT PAYMENTS	
Have you made installment payments for the tax year? If YES: how much for yourself? If YES: how much for your spouse? If YES: how much for each child?	YES <input type="checkbox"/> NO <input type="checkbox"/> \$ _____ \$ _____ \$ _____

DIRECT DEPOSIT/ TAX REFUND	
Has Your Direct Deposit Information Already Been Provided to CRA? If NO: If You Would Like to Have Tax Refunds Directly Deposited, provide us with either: A Void Cheque <i>OR</i> Branch Number (5 digits) Institution Number (3 digits) Account Number (Maximum 12 digits)	YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> _____ _____ _____

APPENDIX A: RENTAL PROPERTY SUMMARY* (Please prepare this form for EACH rental income-producing property)

APPENDIX A: RENTAL PROPERTY SUMMARY* (Please prepare this form for <u>EACH</u> rental income-producing property)																														
<u>DETAILS OF PROPERTY</u>																														
Address of Rental Property: _____ City _____ Province/State _____ Postal Code _____ Country _____ Ownership Percentage (%) _____ Full Name and SIN of Co-Owners _____ _____																														
<u>RENTAL INCOME:</u>																														
Gross Rental Income	\$ _____	Did you pay for any major renovations or large purchases (i.e. appliances) during the tax year?																												
<u>RENTAL EXPENSES:</u>		YES <input type="checkbox"/> NO <input type="checkbox"/>																												
Advertising	\$ _____	If "YES", please provide the details of the renovations/purchase and provide the cost amount below: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; padding: 5px;">Renovation/Purchase</th> </tr> <tr> <th style="text-align: left; padding: 5px;">Amount</th> <th style="text-align: left; padding: 5px;">Description</th> </tr> </thead> <tbody> <tr><td style="padding: 5px;">\$ _____</td><td style="padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">\$ _____</td><td style="padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">\$ _____</td><td style="padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">\$ _____</td><td style="padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">\$ _____</td><td style="padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">\$ _____</td><td style="padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">\$ _____</td><td style="padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">\$ _____</td><td style="padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">\$ _____</td><td style="padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">\$ _____</td><td style="padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">\$ _____</td><td style="padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">\$ _____</td><td style="padding: 5px;">_____</td></tr> </tbody> </table>	Renovation/Purchase		Amount	Description	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
Renovation/Purchase																														
Amount	Description																													
\$ _____	_____																													
\$ _____	_____																													
\$ _____	_____																													
\$ _____	_____																													
\$ _____	_____																													
\$ _____	_____																													
\$ _____	_____																													
\$ _____	_____																													
\$ _____	_____																													
\$ _____	_____																													
\$ _____	_____																													
\$ _____	_____																													
Insurance	\$ _____																													
Mortgage Interest	\$ _____																													
Office Expense	\$ _____																													
Legal & Accounting	\$ _____																													
Management & Admin	\$ _____																													
Repairs & Maintenance	\$ _____																													
Property Taxes	\$ _____																													
Travel	\$ _____																													
Utilities	\$ _____																													
Other (please specify)	\$ _____																													
_____	_____																													
_____	_____																													
_____	_____																													
_____	_____																													
Net Rental Income	\$ _____																													

* 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)	
<u>DETAILS OF BUSINESS:</u>	
Name of business _____ Type of business _____	
Names of Partners and Percentage (%) owned _____	
<u>REVENUE:</u>	
Gross Receipts/ Sales	\$ _____
<u>EXPENSES:</u>	\$ _____
Bad Debts	\$ _____
Insurance	\$ _____
Meals and Entertainment	\$ _____
Interest & Bank Charges	\$ _____
Licenses, Dues, and Memberships	\$ _____
Office Expense	\$ _____
Supplies	\$ _____
Professional Dues	\$ _____
Rent	\$ _____
Repairs and Maintenance	\$ _____
Salaries	\$ _____
Travel	\$ _____
Telephone and Utilities	\$ _____
Vehicle Expenses:	
Year, Make and Model	_____
Kilometers Driven for Business	_____ KMs
Total Kilometers Driven	_____ KMs
If Leased, Date Lease began?	_____
Purchase/Sale Price	\$ _____
Gas	_____
Insurance	\$ _____
Repairs & Maintenance	\$ _____
Interest on Auto Loans	\$ _____
Leasing	\$ _____
Is your business registered for GST?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, what is your GST number? _____
Is GST included in the above amounts?	YES <input type="checkbox"/> NO <input type="checkbox"/>

* 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 C: EMPLOYMENT EXPENSES* (Please attach a signed T2200-Declaration of Employment conditions from your employer)

Travel	\$ _____
Parking	\$ _____
Office Supplies	\$ _____
Telephone	\$ _____
Office Rent	\$ _____

Vehicle Expenses (If Applicable):

Year and Make & Model	_____
Purchase/Sale Price	\$ _____
Date of Purchase/Sale	_____
If leased, Date Lease began?	_____
KMs driven for business purpose*	_____ Km's
Total KMs driving in the year*	_____ Km's
Fuel	\$ _____
Repairs & Maintenance	\$ _____
Insurance	\$ _____
Licensing & Registration Fees	\$ _____
Loan Interest	\$ _____
Lease payments	\$ _____
Car Washes	\$ _____
Parking	\$ _____
Other:	\$ _____

For Commission Employees only:

Accounting & Legal Fees	\$ _____
Advertising & Promotion	\$ _____
Meals and Entertainment	\$ _____
Rental of Office Equipment	\$ _____
Training	\$ _____

* 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.



Authorizing or Cancelling a Representative

You can view, add, modify, or cancel your authorized representatives online using My Account at canada.ca/my-cra-account. Your representative will have **instant** access to your information and online services to easily manage your account. To **immediately cancel** a representative, call us at **1-800-959-8281**.

Part 1 – Taxpayer account information

Complete the line that applies.

SIN, TTN or ITN	First name	Last name
Trust account number	Trust name	
T		

Part 2 – Representative information and authorization

Complete section A or B, as applicable.

A. Authorize online access for all tax years (including access by telephone and in writing)

Your representative must be registered with Represent a Client to obtain online access.

ReplD

First name: _____ Last name: _____

GroupID

G _____ Group name: _____

Business Number (BN)

Business name: Lohn Caulder LLP

Level of authorization (level 1 or 2): Telephone: - -

B. Authorize access by telephone and in writing

First name: _____ Last name: _____

Business name: _____

Telephone: - - Ext: _____ Fax: - -

Tick the appropriate box and indicate the level of authorization:

All tax years (past, present, and future) Level of authorization (level 1 or 2):

or

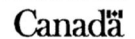
Specific tax year(s) with level of authorization (level 1 or level 2) indicated for each tax year.

Tax year(s)										
Level of authorization										

Part 3 – Authorization expiry date

Enter an expiry date, if applicable. Your representative's access to your information will stay in effect until **you** or **your representative** cancel it, or we are notified of your death.

Year Month Day _____



Part 4 – Cancel your representative

Complete this section to cancel your representative(s) and remove their access to your information. Tick the appropriate box.

- Cancel all representatives.
- or
- Cancel the representative listed below:

ReplD _____	First name: _____	Last name: _____
GroupID _____		
G _____		
Business Number (BN) _____	Business name: _____	

Part 5 – Signature and date

If you are the **taxpayer**, you must **sign** and **date** this form.

If you are the **legal representative**, you must **tick** the box below, **sign** and **date** this form.

<input type="checkbox"/> I am the legal representative for this taxpayer or estate/trust (executor, administrator, power of attorney, legal guardian or parent of a taxpayer under the age of 16, or trustee). Important: If you haven't already done so, you must send a complete copy of the legal document giving you the authority to act in this capacity. If the taxpayer is under the age of 16, no legal document is required.
--

_____	() - _____
Name of taxpayer or legal representative	Signee's telephone number
	Year Month Day
<input checked="" type="checkbox"/> _____	_____
Signature of taxpayer or legal representative	Date of signature

The CRA must receive this form within 6 months of the date it was signed, or it will not be processed.

Personal information is collected under the Income Tax Act to administer tax, benefits, and related programs. It may also be used for any purpose related to the enforcement of the Act such as audit, compliance and collection activities. It may be shared or verified with other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. The social insurance number is collected under section 237 of the Act and is used for identification purposes. Under the Privacy Act, individuals have the right to access, or request correction of, their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 005, CRA PPU 015, CRA PPU 063, CRA PPU 140, CRA PPU 178 and CRA PPU 218 at canada.ca/cra-info-source.

