

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 26000 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 Contributions	<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 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? YES <input type="checkbox"/> NO <input type="checkbox"/> 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> </tbody> </table>	Renovation/Purchase		Amount	Description	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
Renovation/Purchase																
Amount	Description															
\$ _____	_____															
\$ _____	_____															
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<u>RENTAL EXPENSES:</u>																
Advertising	\$ _____															
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)

DETAILS OF BUSINESS:

Name of business _____ Type of business _____
Names of Partners and Percentage (%) owned _____

REVENUE:

Gross Receipts/ Sales \$ _____

EXPENSES:

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 NO If yes, what is your GST number? _____

Is GST included in the above amounts? YES NO

* 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-
from your employer)**

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

Authorize a Representative – signature page

Enable printing and EFILE of this authorization request

Select "EFILE Authorize a Representative" under the "EFILE" menu to file this authorization.

Instructions:

1. Print this page and have it signed and dated by the taxpayer or legal representative.
2. Retain a copy of the signed and dated signature page in your files for six years from the date that this information is transmitted to the Canada Revenue Agency (CRA). Do not send the signature page to CRA by mail or fax unless requested to do so.

Taxpayer information

SIN _____ First name _____ Last name _____



Representative information and authorization

Individual Representative ID: _____

Business Firm BN: 123713638

Group Group ID: G

Level of authorization (1 or 2): 2

Enter an expiry date, if applicable. _____

Signature and date

I am the legal representative for this taxpayer.

By signing and dating this page, you authorize the Canada Revenue Agency to interact with the representative mentioned above.

Name of taxpayer or legal representative

Signature of taxpayer or legal representative

Date of signature

