

PERSONAL INFORMATION			
Full Name	S.I.N.	Birthdate	Citizenship
Apt./Suite – Building Number Street Name, City, Postal Code			Marital Status
Phone	Email		
Any family members disabled? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you a Northern Resident? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Did your marital status change during the year? YES <input type="checkbox"/> NO <input type="checkbox"/> If “YES”, please provide date ____/____/____		Are we preparing a tax return for your spouse? 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 INFORMATION			
Full Name	S.I.N.	Birthdate	Citizenship
Phone	Email		
Do you authorize CRA to provide information about you to Elections Canada? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If you have selected “No” above for the preparation of your spouse’s tax return, please provide the following: Net income figure of his/her tax return: _____			
CHILDREN INFORMATION			
Full Name – Child 1	S.I.N.	Birthdate	Citizenship
Are we filing their personal tax return? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Full Name – Child 2	S.I.N.	Birthdate	Citizenship
Are we filing their personal tax return? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Full Name – Child 3	S.I.N.	Birthdate	Citizenship
Are we filing their personal tax return? YES <input type="checkbox"/> NO <input type="checkbox"/>			
SALE OF PRINCIPAL RESIDENCE			
Did you sell your primary residence during the year?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide us with the Year of Acquisition of your principal residence and your proceeds of disposition. Year of Acquisition: _____ Proceeds of Disposition: _____			
FOREIGN REPORTING			
Do you own foreign assets with a cost greater than \$100,000? YES <input type="checkbox"/> NO <input type="checkbox"/> Spouse: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Please provide details of ownership of foreign assets and transactions with foreign entities. Please note that PENALTIES ARE APPLICABLE if not reported.			
DIRECT DEPOSIT/ TAX REFUND			
Do you want your tax refund deposited directly to your bank account? YES <input type="checkbox"/> (Please attach a void cheque) Direct Deposit already requested last year <input type="checkbox"/> NO <input type="checkbox"/> Same account for spouse? YES <input type="checkbox"/> NO <input type="checkbox"/>			
TAX RETURN DELIVERY METHOD			
How do you want your tax return delivered once it has been completed by our staff? Please check all that apply. Electronic copy sent to my email above <input type="checkbox"/> Mail to my Home Address <input type="checkbox"/> Hold for Pick-up <input type="checkbox"/> Other (Please specify) <input type="checkbox"/> All returns sent to the same email? YES <input type="checkbox"/> NO <input type="checkbox"/>			

PLEASE CHECK OFF THE ITEMS BELOW THAT ARE APPLICABLE TO YOUR 2017 PERSONAL TAX RETURN. RETURN THIS SCHEDULE TO OUR OFFICE TOGETHER WITH ALL COPIES OF THE RELEVANT DOCUMENTATIONS AS FOLLOWS:

INCOME	
<input type="checkbox"/> T4 Employment slips and any other taxable benefits not reported on the T4 <input type="checkbox"/> T5 Investment slips <input type="checkbox"/> T4A(OAS): Old Age Security <input type="checkbox"/> T4AP: CPP Benefits <input type="checkbox"/> Other information slips (T3, T4A, T4E) <input type="checkbox"/> Pension income (Canada & Abroad) <input type="checkbox"/> Social Assistance payments <input type="checkbox"/> Workers' Compensation Benefits <input type="checkbox"/> Interest and dividends <input type="checkbox"/> Capital gains/losses record <input type="checkbox"/> Sale of real estate (proceeds, adjusted cost basis, outlays) <input type="checkbox"/> Gain / loss summary of investments	<input type="checkbox"/> Elected split pension <input type="checkbox"/> Rental income/expenses <input type="checkbox"/> RRSP withdrawals <input type="checkbox"/> Spousal support payments received <input type="checkbox"/> Child support payments received <input type="checkbox"/> Partnership income/loss (T5013) <input type="checkbox"/> Professional income/expenses <input type="checkbox"/> Commission income/expenses <input type="checkbox"/> Self-employment income/expenses <input type="checkbox"/> Farming income/expenses <input type="checkbox"/> Fishing income/expenses <input type="checkbox"/> GST Rebates received <input type="checkbox"/> Foreign Income <input type="checkbox"/> Stock options exercised
DEDUCTIONS	
<input type="checkbox"/> RRSP Contributions <input type="checkbox"/> Union & professional dues <input type="checkbox"/> Child care expenses <input type="checkbox"/> Moving expenses <input type="checkbox"/> Child support payments made <input type="checkbox"/> Spousal support payments made <input type="checkbox"/> Investment carrying charges – interest, account fees, counsel fees	<input type="checkbox"/> Exploration and Development expenses (T101) <input type="checkbox"/> Northern residents deduction <input type="checkbox"/> Declaration conditions of employment (T2200) <input type="checkbox"/> Employment expenses <input type="checkbox"/> Automobile logs <input type="checkbox"/> Home office receipts
TAX CREDITS	
<input type="checkbox"/> Medical expense receipts <input type="checkbox"/> Volunteer firefighter's statement <input type="checkbox"/> Search and rescue volunteers' statement <input type="checkbox"/> Public transit receipts (to June 30, 2017) <input type="checkbox"/> First-time home buyer – house purchase documents <input type="checkbox"/> Adoption expenses <input type="checkbox"/> Fertility treatment expenses <input type="checkbox"/> Disability tax credit application (T2201) – self or dependant	<input type="checkbox"/> Tuition receipts (T2202A, TL11A, TL11B, and/or TL11C) – or those forms signed by the child to transfer to the parent <input type="checkbox"/> Interest paid on student loans <input type="checkbox"/> Charitable donation receipts <input type="checkbox"/> Political donation receipts <input type="checkbox"/> Foreign taxes paid <input type="checkbox"/> Dates spent in the USA (If you vacation extensively in the USA; this will help us determine if you have any US filing requirements)
OTHER	
<input type="checkbox"/> If prior year was completed by another accountant, please provide a copy of the tax return.	