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Personal Tax Information

Name _____ Taxation Year _____

Address _____ SIN _____

_____ Birth date _____

_____ Telephone _____

Email _____ Cell _____

Province of residence at December 31st _____

Self-employed (use checklist) Y / N Province of self-employment _____

If you became or ceased to be a Canadian resident in the tax year:

Date of entry into Canada _____ Date of departure from Canada _____

Status at December 31st:

Single Married Common-law

Separated Divorced Widowed

If status changed during the tax year, enter date of change _____

Deceased Date deceased _____

Spouse information:

Name _____

SIN _____

Birth date _____

Telephone _____

Net income \$ _____

(Provide income if we are NOT preparing spouse's tax return)

Dependents - children / elderly parents / grandparents :

Name _____ Birth date _____ Relationship / SIN _____ Income _____

Name _____ Birth date _____ Relationship / SIN _____ Income _____

Name _____ Birth date _____ Relationship / SIN _____ Income _____

Name _____ Birth date _____ Relationship / SIN _____ Income _____

Disability:

Are you or any of your dependents have a disability? _____

Has a T2201 (Disability Tax Credit Certificate) been filed? _____

Personal Tax Information

- Are you a Canadian citizen? Y / N
- Did you own property outside of Canada over \$100,000? Y / N
- Is your child transferring post-secondary tuition amount to you? Y / N
If yes, please provide copy of signed T2202A slip
- Did you make tax installment payments during the year? How much? \$ _____ Y / N
- Did you participate in the Home Buyers Plan? Date _____ Amount \$ _____ Y / N
- Did you participate in the Lifelong Learning Plan? Amount \$ _____ Y / N
- Are you including your last year's Notice of Assessment? Y / N
- New clients - are you including your last year tax return and schedules? Y / N

Income

Personal

- | | |
|--------------------------|---|
| <input type="checkbox"/> | T4 - Employment income |
| <input type="checkbox"/> | Tips and gratuities |
| <input type="checkbox"/> | T4A (OAS) – Old Age Security benefits |
| <input type="checkbox"/> | T4A (P) – Canada Pension Plan benefits |
| <input type="checkbox"/> | T4A – Pension and other income |
| <input type="checkbox"/> | T4E – Employment Insurance benefits |
| <input type="checkbox"/> | T5007 – WCB or Social Assistance benefits |
| <input type="checkbox"/> | T4 RSP – RRSP income |
| <input type="checkbox"/> | T4 RIF – RIF income |
| <input type="checkbox"/> | RC 62 – Universal Child Care benefit |
| <input type="checkbox"/> | T3 – Mutual Fund and Other Trusts |

Investment

- | | |
|--------------------------|--|
| <input type="checkbox"/> | T5/T3 – Interest and Dividend income |
| <input type="checkbox"/> | T600 – Canada Savings Bonds |
| <input type="checkbox"/> | T5008 – Statement of Security Transactions |
| <input type="checkbox"/> | T5013 – Limited Partnership income |
| <input type="checkbox"/> | Rental income and expenses (use checklist) |
| <input type="checkbox"/> | Capital gains or losses (stocks, bonds, mutual funds, etc.)
<small>(Brokers statements / trading slips including cost and sale details)</small> |
| <input type="checkbox"/> | Disposition of real estate (cost and proceeds of sale) |
| <input type="checkbox"/> | Borrow money to earn investment income |
| <input type="checkbox"/> | Foreign interest or dividends |
| <input type="checkbox"/> | Royalty or other investment income |

Other

- | | | | |
|--------------------------|---|--------------------------|--------------------------------|
| <input type="checkbox"/> | Business income and expenses (use checklist) | <input type="checkbox"/> | RRSP withdrawals Scholarships |
| <input type="checkbox"/> | Alimony received (include name & SIN of payer) | <input type="checkbox"/> | / bursaries Foreign income and |
| <input type="checkbox"/> | Taxable child support (include name & SIN of payer) | <input type="checkbox"/> | taxes paid |

Deductions & Tax Credits

- | | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | RRSP contribution receipts | <input type="checkbox"/> | Deductible legal fees |
| <input type="checkbox"/> | Union or professional association dues | <input type="checkbox"/> | Childcare receipts (includes pre-school fees) |
| <input type="checkbox"/> | Alimony paid (include name & SIN of recipient) | <input type="checkbox"/> | Eligible moving expenses |
| <input type="checkbox"/> | Deductible child support paid (include name & SIN) | <input type="checkbox"/> | Allowable business investment |
| <input type="checkbox"/> | Safety deposit box charges | <input type="checkbox"/> | losses Capital loss carry forwards |
| <input type="checkbox"/> | Interest paid on monies borrowed for investments | <input type="checkbox"/> | Non-capital loss carry forwards |
| <input type="checkbox"/> | Investment counsel and accounting fees | <input type="checkbox"/> | Limited partnership losses of other years |
| <input type="checkbox"/> | Employment expenses (use checklist - T2200 required) | <input type="checkbox"/> | Employment insurance benefit repayments |
| <input type="checkbox"/> | T2201 – Disability Deduction | <input type="checkbox"/> | Medical/dental/optical (unreimbursed amount) expenses |
| <input type="checkbox"/> | T2202 – Tuition Fees / Education Credit | <input type="checkbox"/> | Premiums paid to private medical insurance plans |
| <input type="checkbox"/> | T2202 – Tuition Fees transfer from child (form signed) | <input type="checkbox"/> | Adoption expenses |
| <input type="checkbox"/> | Tuition fees over \$100 paid (post secondary) Interest paid on student loans | <input type="checkbox"/> | Attendant care expenses |
| <input type="checkbox"/> | Monthly public transit passes | <input type="checkbox"/> | Donations to registered charities |
| <input type="checkbox"/> | Children's arts / fitness receipts (\$500 max per child) | <input type="checkbox"/> | Political contribution receipts |
| | | <input type="checkbox"/> | Parent(s) over 65 or infirm relative live with you |

Commission Employees

Do you have a signed Form T2200 - Declaration of Conditions of Employment → use the Employment Expenses checklist

Is there an amount in Box 42 of your T4 slip Y / N

Did you under your contract of employment have to pay for your own expenses. Y / N

Did you receive an allowance for the expenses? Amount \$ _____ Y / N
 If so, is this allowance that was received included in your income? Y / N

You **cannot** deduct the cost of travel to and from work, or other expenses, such as most tools and clothing.

Allowable Expenses for Qualifying Employees

<input type="checkbox"/> Accounting and legal	<input type="checkbox"/> Annual license fees
<input type="checkbox"/> Advertising, promotion, gifts	<input type="checkbox"/> Lease costs (computers, cell phones, fax machines)
<input type="checkbox"/> Food & beverages (away for over 12 consecutive hrs)	<input type="checkbox"/> Training costs
<input type="checkbox"/> Entertainment	<input type="checkbox"/> Travel & lodging costs

Employed Tradesperson & Other

Cost of eligible tools bought in the year

<input type="checkbox"/> Apprentice mechanic tools expense
<input type="checkbox"/> Tradespersons' tools expenses

Tradesperson must spend over \$1000

Other eligible expenses

<input type="checkbox"/> Musical instrument expenses
<input type="checkbox"/> Artists' employment expenses

Other Information

Allow CRA to provide your name, address and date of birth to Elections Canada? Y / N

Are you a 1st time tax return filer? Y / N

Would you like to direct deposit your tax refund, GST credit and/or child tax benefit? Y / N
If YES, please attach VOID cheque

Has direct deposit information previously been supplied to CRA Y / N

Do you agree to income splitting your pensions with your spouse? Y / N

Has your last name changed? Y / N

Did you reside on Tilcho lands (NT) during the year? Y / N

Do you have foreign citizenship? Which country? _____ Y / N

Efile your personal tax return? Y / N

Please note, no items will be included onto your tax return without the proper documentation. In the event of an audit, the onus of proof is on the taxpayer; unsupported claims may be denied.

Signature: _____ Date: _____