

Date of completion _____ / _____ / _____
 Month Day Year

PERSONAL INFORMATION

		Social Insurance Number	Date of Birth		
			D	M	Y
Name					
Name of Spouse/Partner					
Name of Dependants	1.				
	2.				
	3.				
	4.				
Address		Apt. #			
Street		City			
Province		Postal Code			
Telephone: Home ()		Telephone: Office ()			
Telephone: Cell ()		Fax: ()			
Is Your Address New This Year?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				D	M
Date of Departure from or Entry to Canada if Within Tax Year					
Date of Marriage if Within Tax Year					
Date of Separation or Divorce if Within Tax Year					
Date of Death					
Date of Dependant's Birth if Within Tax Year					
Province of Residency on December 31					

INCOME (include T3s, T4s, T4As, T5s, T600s, and invoices)**BUSINESS**

Type of Business

Financial Statement

 Included Not Included

Employer's Remittance Number | | | | | | | | | | | | | | | |

Wages or Partnership Allocation to Spouse \$

CAPITAL GAINS**REAL ESTATE****D****M****Y**

Amount of Purchase \$

Date of Purchase

Amount of Sale \$

Date of Sale

LISTED PERSONAL PROPERTY

Amount of Purchase \$

Date of Purchase

Commissions Paid and Legal Fees \$

Amount of Sale \$

Date of Sale

Other Costs of Sale \$

DO YOU HAVE DEBT OR SHARES IN A CANADIAN CONTROLLED PRIVATE CORPORATION?

 Yes No

IF YES:

Amount of Loan or Purchase \$

Date of Loan or Purchase

Amount of Sale \$

Date of Sale

Other Costs of Sale \$

DID YOU TRANSFER FARMING PROPERTY TO CHILDREN OR GRANDCHILDREN?

 Yes No

DID YOU TRANSFER SHARES OF A SMALL BUSINESS CORPORATION?

 Yes No

DID YOU TRANSFER FISHING PROPERTY TO A CHILD OR GRANDCHILD?

 Yes NoDID YOU TRANSFER COMBINED FARMING AND FISHING PROPERTY TO A CHILD OR GRANDCHILD?
(Proposed in 2014 Federal Budget) Yes No

IF YES TO A TRANSFER:

Value of Transfer \$

Date of Transfer

DID YOU BUY OR SELL SHARES OR MUTUAL FUNDS DURING THE TAX YEAR?

 Yes No

Amount of Purchase \$

Date of Purchase

INCOME (include T3s, T4s, T4As, T5s, T600s, and invoices) (cont'd)

Amount of Sale \$	Date of Sale			
Other Costs of Sale \$				
FEBRUARY 24, 1994 CAPITAL GAINS ELECTION AMOUNTS \$				
CHILD SUPPORT				
Date of agreement or order and amendments				
Received \$				
Paid \$				
COMMISSIONS \$				
ELIGIBLE DIVIDENDS \$				
Notice of designation by corporation:		<input type="checkbox"/> Included <input type="checkbox"/> Not Included		
OTHER DIVIDENDS \$				
EMPLOYMENT \$				
TAXABLE BENEFITS \$				
Automobile	Documents Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Residence	Documents Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	Documents Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No		
LOW INTEREST OR NO INTEREST LOANS		D	M	Y
Amount Outstanding \$	Date Outstanding			
Amount Outstanding \$	Date Outstanding			
GRATUITIES AND TIPS \$				
INTEREST FROM INVESTMENTS \$				
Canada Savings Bonds \$				
Other Bonds \$				
Mortgages \$				
Trusts \$				
FOREIGN ASSETS IN EXCESS OF \$100,000 \$				
PARTNER'S ALLOCATION OF PARTNERSHIP INCOME \$				
PENSIONS				

RETIRING ALLOWANCES

INCOME (include T3s, T4s, T4As, T5s, T600s, and invoices) (cont'd)

Amount \$

RRSP CONTRIBUTIONS \$

Amount \$

Home Buyers' Plan Withdrawals

Lifelong Learning Plan Withdrawals

RRIF WITHDRAWALS

Individual Pension Plans

RESP CONTRIBUTIONS

Amount \$

CESG

Amount \$

RESP Withdrawals

RDSP CONTRIBUTIONS

Amount \$

CDSG and CDSB

Amount \$

RDSP Withdrawals

TFSA CONTRIBUTIONS

Amount \$

TFSA Withdrawals

Other

RENTAL PROPERTY

Address

Apt. #

City

Province

Postal Code

TAX SHELTERS

Number TS | | | | | | | |

Expiration Date _____ / _____ / _____
Month Day Year

Yes No

Supporting Documents Attached

Yes No

REPORTABLE TRANSACTION	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supporting Documents Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

EXPENSES (include receipts)

Adoption Expenses \$

Child Care Expenses \$

Child Support Payments \$

Charitable Donations \$

Medical Expenses \$

Moving Expenses \$

Professional Dues \$

Safety Deposit Box \$
(no longer deductible for taxation years that begin on or after March 21, 2013)

Salesperson's Expenses (Form T2200) \$

Spousal Support Expenses \$

Spousal Support Receipts \$

Tuition Payments \$

Union Dues \$

Eligible Expenses for a Child's Program with Artistic, Cultural, Developmental, or Recreational Activities \$

Registration Fees for a Child's Qualified Fitness Program \$

Public Transit Passes

 Yes No N/A

Other \$

ALLOWABLE BUSINESS INVESTMENT LOSS (ABIL)**DID YOU SELL SHARES TO A NON-RELATED PERSON AT A LOSS?** Yes No**IS AN OUTSTANDING LOAN TO YOU BY A CORPORATION UNCOLLECTIBLE?** Yes No**IF YES, TO EITHER QUESTION, DOCUMENT THE DETAILS
FOR YOUR ALLOWABLE BUSINESS INVESTMENT LOSS**

FOR THE SMALL BUSINESS CORPORATION

D

M

Y

Name

Date of Bankruptcy, Insolvency, or Wind-up

FOR THE SHARES

Class of Shares

Number of Shares

Date of Purchase

Adjusted Cost Base \$

FOR THE DEBT			
Type of Debt			
ALLOWABLE BUSINESS INVESTMENT LOSS (ABIL) (cont'd)			
Date of Acquisition			
Adjusted Cost Base \$			
Proceeds of Disposition \$			
Amount of Your Loss \$			

TRANSFERS TO SPOUSE ON SEPARATION			
	D	M	Y
Your Spouse's Name			
Property That You Transferred			
Transfer Date			
Separation Date			
Consent to File Election	<input type="checkbox"/> Yes <input type="checkbox"/> No		

CHECKLIST FOR THE SELF-EMPLOYED		✓
Advertising		
Allowable Reserves		
Convention Expenses		
Disability Modifications		
Insurance		
Interest		
Interest and Borrowing Charges		
Health Plan Premiums		
Home Office, if Place of Business		
Square Footage or Proportion of Rooms Dedicated		

Rent or Mortgage Interest	
Property Tax	
Home Insurance	
Annual Utilities	
• Heat	
• Hydro	
CHECKLIST FOR THE SELF-EMPLOYED (cont'd) ✓	
• Water	
• Sewage	

Maintenance and Repairs	
Leasing Costs	
Meal Expenses	
Automobile	
Do you have an Automobile Log?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Own or Lease?	
• If Lease, Lease Costs Per Month	
• If Own, Interest Costs Per Month	
• Odometer at Beginning of Tax Year	
• Odometer at End of Tax Year	
• Percentage of Business Use of Car	
• Fuel Expenses	
• Car Insurance	
• Repairs and Maintenance	
• Parking Expenses	
Equipment Purchases Subject to CCA	
Office Expenses	
• Telephone & Fax	
• Internet	
• Stationery Supplies	
• New Capital Assets (attach list)	
• If Applicable, Tools	

Professional Membership Fees	
Fees for Professional Services	
Salaries Paid	
Travel	