

PERSONAL INFORMATION					
Full Name	S.I.N.	Birthdate	Are you a Canadian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a U.S Citizen or green card holder? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Apt./Suite – Building Number Street Name, City, Postal Code			Marital Status	Primary phone	Secondary phone
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	Are you a Canadian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a U.S Citizen or green card holder? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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	Are you a Canadian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a U.S Citizen or green card holder? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Attending Post-Secondary Institution? YES <input type="checkbox"/> NO <input type="checkbox"/> - If yes please attach T2202A					
Full Name – Child 2	S.I.N.	Birthdate	Are you a Canadian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a U.S Citizen or green card holder? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Attending Post-Secondary Institution? YES <input type="checkbox"/> NO <input type="checkbox"/> - If yes please attach T2202A					
Full Name – Child 3	S.I.N.	Birthdate	Are you a Canadian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a U.S Citizen or green card holder? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Attending Post-Secondary Institution? YES <input type="checkbox"/> NO <input type="checkbox"/> - If yes please attach T2202A					
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 checked="" 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"/>		
FHSA Contributions	<input type="checkbox"/>	Medical Expenses (net of any reimbursements)	<input type="checkbox"/>		
Union/Professional Dues	<input type="checkbox"/>	Charitable or Political Donations (official receipts)	<input type="checkbox"/>		
Child Care Expenses (Incl. Name & SIN of Recipient)	<input type="checkbox"/>	First-time Home Buyer?	<input type="checkbox"/>		
Moving Expenses (if at least 40km's closer to work)	<input type="checkbox"/>	Eligible educator who pays for their own supplies?	<input type="checkbox"/>		
Accounting Fees (other than Lohn Caulder's fees)	<input type="checkbox"/>	Tuition Fees (T2202A – Signed by Student)	<input type="checkbox"/>		
Interest/Fees Paid on Investments (Non-Registered)	<input type="checkbox"/>	Government Subsidy benefits (ie. CERB / CRB) repaid	<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 CRA Authorization Form (Included after Appendix D 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	
Employment/Commission Expenses (Please provide detail listing of employment expenses in Appendix C)	<input type="checkbox"/>	Fair Market Value at Year-End	
Other:	<input type="checkbox"/>	Highest Fair Market Value for The Year	
Other:	<input type="checkbox"/>	Total Income and Total Capital Gains	
		Signed T1 Engagement Letter (available online)	<input type="checkbox"/>
		Other:	<input type="checkbox"/>
		Other:	<input type="checkbox"/>

DECEASED TAXPAYER CHECKLIST	
If the taxpayer passed away last year, please fill out Appendix D	<input type="checkbox"/>

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

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

APPENDIX A: RENTAL PROPERTY SUMMARY ¹

(Please prepare this form for EACH rental income-producing property)

DETAILS OF PROPERTY

Address of Rental Property: _____ City: _____
 Province/State: _____ Postal Code: _____ Country: _____
 Ownership Percentage (%) _____
 Full Name and SIN of Co-Owners _____

Was the property utilized as a short-term rental (defined as less than 90 consecutive days) during the year? YES NO

If **YES**, please specify the exact periods during the tax year when the property was used as a short-term rental:

If **YES**, did the rental property comply with all relevant provincial or municipal registration, licensing, zoning, and permit requirements during the tax year? YES NO

RENTAL INCOME:

Gross Rental Income \$ _____

RENTAL EXPENSES:

Advertising \$ _____
 Insurance \$ _____
 Mortgage Interest \$ _____
 Office Expense \$ _____
 Legal & Accounting \$ _____
 Management & Admin \$ _____
 Repairs & Maintenance \$ _____
 Property Taxes \$ _____
 Travel ¹ \$ _____
 Utilities \$ _____
 Other (please specify) _____

Net Rental Income \$ _____

Did you pay for any major renovations or large purchases (i.e. appliances) during the tax year?

YES NO

If "YES", please provide the details of the renovations/purchase and provide the cost amount below:

Renovation/Purchase

Amount	Description
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

¹ While you are not required to send us your individual expense receipts, please be aware that the Canada Revenue Agency (CRA) may request to review them at any time 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's name, and amount paid. Additionally, the CRA mandates that automobile expense claims must be substantiated 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 Fees \$ _____
 Rent \$ _____
 Repairs and Maintenance \$ _____
 Salaries \$ _____
 Travel \$ _____
 Telephone and Utilities \$ _____

Vehicle Expenses:

Year, Make and Model _____
 Kilometers Driven for Business¹ _____ km
 Total Kilometers Driven¹ _____ km
 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

¹ While you are not required to send us your individual expense receipts, please be aware that the Canada Revenue Agency (CRA) may request to review them at any time 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's name, and amount paid. Additionally, the CRA mandates that automobile expense claims must be substantiated by a mileage log.

APPENDIX C: EMPLOYMENT EXPENSES ¹

(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?	_____
Distance driven for business purpose ¹	_____ km
Total distance driven in the year ¹	_____ km
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	\$ _____

¹ While you are not required to send us your individual expense receipts, please be aware that the Canada Revenue Agency (CRA) may request to review them at any time 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's name, and amount paid. Additionally, the CRA mandates that automobile expense claims must be substantiated by a mileage log.

Terminal Return Checklist

APPENDIX D: TERMINAL TAX RETURNS			
PERSONAL INFORMATION			
Full Name	S.I.N.	Birthdate	Citizenship
Apt./Suite – Building Number Street Name, City, Postal Code			Marital Status
Please provide copy of the will <input type="checkbox"/>		Copy of death certificate <input type="checkbox"/>	
Copy of probate / grant of administration <input type="checkbox"/>		Statement of assets, liabilities, and distribution <input type="checkbox"/>	
EXECUTOR'S INFORMATION			
Full Name	Email	Phone number	
DEEMED DISPOSITION OF PRINCIPAL RESIDENCE			
Was the taxpayer the sole owner of a principal residence during the year (if surviving spouse check off no)?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES:	Year of Acquisition: _____	Fair Market Value at Death: _____	
Did taxpayer own any other properties that could qualify as a principal residence?			YES <input type="checkbox"/> NO <input type="checkbox"/>
CONSIDERATIONS WHEN TAXPAYER IS OVER 65			
CPP (T4A[P]) <input type="checkbox"/>	CPP Death Benefit (T4A[P]) <input type="checkbox"/>		
Old Age Security (T4A[OAS]) <input type="checkbox"/>	RRSP deemed receipt (T4RSP amount in box 34) <input type="checkbox"/>		
RRSP (T4RSP only if there was a withdrawal) <input type="checkbox"/>	RRIF deemed receipt (T4RIF amount in box 18) <input type="checkbox"/>		
RRIF (T4RIF) <input type="checkbox"/>	RC249 Form (when the RRIF has been paid out to beneficiaries at a value less than at death) <input type="checkbox"/>		
Pensions (T4A) <input type="checkbox"/>			
CONSIDERATIONS WHEN TAXPAYER HAS NON-REGISTERED INVESTMENTS			
Interest /Dividends/Capitals Gains (T3/T5/T5013) <input type="checkbox"/>	Estates/Trusts/Mutual Funds (T3) <input type="checkbox"/>		
Sale of Shares: Gain/Loss Summary from Broker <input type="checkbox"/>	Deemed Disposition of Shares: Investment holding summary at the date of death, from Broker <input type="checkbox"/>		
TAX DEDUCTIONS/CREDITS CHECKLIST			
Interest/Fees Paid on Investments (non-registered) <input type="checkbox"/>	Medical Expenses (net of any reimbursements)		
Charitable or Political Donations (official receipts) <input type="checkbox"/>			

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