

Name: _____ Date of Birth: _____ Address: _____ Phone: (Home) _____ (Office) _____ (Cell) _____ Fax: _____ E-mail: _____	Spouse: _____ Date of Birth: _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Dependent Children</th> <th style="width:20%;">S.I.N.</th> <th style="width:30%;">Date of Birth</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Dependent Children	S.I.N.	Date of Birth	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Dependent Children	S.I.N.	Date of Birth														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														
Did you become (or cease to be) a resident of Canada in 2017? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of entry/departure: _____																

<i>Elections Canada</i>	<i>Efile/Email Option</i>
Are you a Canadian citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	If possible, do you want your tax return electronically filed with CRA? Yes <input type="checkbox"/> No <input type="checkbox"/>
Can we provide CRA your name, address and date of birth to Elections Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>	Would you prefer to receive your copy of your 2017 personal income tax in PDF format via email? Yes <input type="checkbox"/> No <input type="checkbox"/>

Canadian and Foreign Sources of Income (provide slips, documents or details)

Employment (T4) <input type="checkbox"/>	Year End Trading Summaries / Gain & Loss Reports for 2017 <input type="checkbox"/>
Taxable benefits not on T4 <input type="checkbox"/>	<i>(For statements that only provide proceeds on sale, please obtain the original cost/average cost information from your broker.)</i>
Stock options exercised or shares sold (provide listing) <input type="checkbox"/>	
Self-employed commission income <input type="checkbox"/>	
Employment insurance (T4E) <input type="checkbox"/>	Business/professional income/expenses <input type="checkbox"/>
Pension/retiring allowance (T4A) <input type="checkbox"/>	Rental income & expenses (summarized by property) <input type="checkbox"/>
CPP/OAS (T4A(P)/T4A(OAS)) <input type="checkbox"/>	Farming/fishing income/expenses <input type="checkbox"/>
RRSP, DPSP, RPP, RRIF (T4RSP/T4RIF) <input type="checkbox"/>	Alimony/maintenance received <input type="checkbox"/>
Dividends (T5) <input type="checkbox"/>	Other sources of income: _____
Interest (T5) <input type="checkbox"/>	Cryptocurrency Transactions _____ <input type="checkbox"/>
Mutual funds/estates/trusts (T3) <input type="checkbox"/>	_____ <input type="checkbox"/>
Partnerships/tax shelters (T5013/T101) <input type="checkbox"/>	2016 Notice of Assessment/Prior Year Reassessment(s) <input type="checkbox"/>

Deductions and Credits (provide receipts, documents or details)

RRSP contributions <input type="checkbox"/>	Deductible employment expenses <input type="checkbox"/>
Union/professional dues <input type="checkbox"/>	Tuition fees/education amount (ONLY the T2202 is required) <input type="checkbox"/>
Child care expenses & Adoption expenses <input type="checkbox"/>	Interest paid on student loans <input type="checkbox"/>
Moving expenses (copies of receipts) <input type="checkbox"/>	Charitable donations/Political contributions <input type="checkbox"/>
Alimony/maintenance paid <input type="checkbox"/>	Educator School Supplies <input type="checkbox"/>
Accounting/legal/investment counsel fees <input type="checkbox"/>	Interest paid on investments <input type="checkbox"/>
First Time Home Buyers Credit <input type="checkbox"/>	Public Transit See Page 2
2017 Total Quarterly Tax Installments Paid \$ _____	Medical/attendant care expenses (Please do <u>not</u> submit individual drug receipts, but obtain an annual summary from your pharmacist) Please itemize trips and distance traveled for out-of- town medical services obtained. See Page 2
Spouse's net income ¹ \$ _____	
Health Plan Premiums paid by employee/deducted on pay stub (Per December 31, 2017 Pay Stub) \$ _____	

Note: Individuals with spouses or common-law partners who earn income eligible for the pension income tax credit may reduce their overall tax bill through the pension income splitting measure. If we determine that all conditions have been met and the measure is beneficial, would you like to make the election? Yes No

Note: Through a matching program of tax information slips, the CRA is imposing harsh penalties for unreported income. Please provide us with any late or amended tax slips (i.e. slips received after sending package to us) to avoid exposure to penalties.

¹ Provide only if we're not preparing his/her income tax return. Indicate if your spouse was self-employed during the year. Yes No

