

## 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 (      )			
Is Your Address New This Year?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
			D	M	Y
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)

<b>Business</b> (see Chapter 2)					
Type of Business					
Financial Statement <input type="checkbox"/> Included <input type="checkbox"/> Not Included					
Employer's Remittance Number					
Wages or Partnership Allocation to Spouse \$					
<b>Capital Gains</b> (see Chapter 4)					
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 A FARM TO CHILDREN OR GRANDCHILDREN? <input type="checkbox"/> Yes <input type="checkbox"/> No					
DID YOU TRANSFER SHARES OF A SMALL BUSINESS CORPORATION? <input type="checkbox"/> Yes <input type="checkbox"/> No					
IF YES TO EITHER QUESTION:					
Value of Transfer \$	Date of Transfer				
DID YOU BUY OR SELL SHARES OR MUTUAL FUNDS DURING THE TAX YEAR? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Amount of Purchase \$	Date of Purchase				
Amount of Sale \$	Date of Sale				
Other Costs of Sale \$					
<b>Child Support</b> (see Chapter 8)					
Received \$					
Paid \$					
<b>Commissions</b> (see Chapter 3) \$					
<b>Dividends</b> (see Chapter 4) \$					
<b>Employment</b> (see Chapter 3) \$					

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

Taxable Benefits (see Chapter 3) \$			
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 (see Chapter 3)		D	M
Amount Outstanding \$	Date Outstanding		
Amount Outstanding \$	Date Outstanding		
Gratuities and Tips (see Chapter 3) \$			
Interest from Investments (see Chapter 4) \$			
Canada Savings Bonds \$			
Other Bonds \$			
Mortgages \$			
Trusts \$			
Pensions (see Chapter 5)			
RETIRING ALLOWANCES			
Amount \$			
RRSP Contributions \$			
RRSP CONTRIBUTIONS			
Amount \$			
Home Buyers' Plan Withdrawals			
Lifelong Learning Plan Withdrawals			
Rental Property (see Chapter 4)			
Address			
Apt. #	City		
Province	Postal Code		
Tax Shelters (see Chapter 4)			
Number	TS		
Supporting Documents Attached		<input type="checkbox"/> Yes	<input type="checkbox"/> No
U.S. Income (see Chapter 7)			
Number of Days in the U.S. in the Past Three Years			
Type of Income Received	<input type="checkbox"/> Employment	<input type="checkbox"/> Business	<input type="checkbox"/> Interest
	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Other	
Supporting Documents Attached		<input type="checkbox"/> Yes	<input type="checkbox"/> No

## EXPENSES (include receipts)

Child Care Expenses \$
Child Support Payments \$
Charitable Donations \$
Medical Expenses \$
Moving Expenses \$
Professional Dues \$
Safety Deposit Box \$
Salesperson's Expenses (Form T2200) \$
Tuition Payments \$
Union Dues \$

## ALLOWABLE BUSINESS INVESTMENT LOSS (ABIL)

Did you sell shares to a non-related person at a loss?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is an outstanding loan to you by a corporation uncollectible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, to either question, document the details for your Allowable Business Investment Loss (see Chapter 4)			
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			
Date of Acquisition			
Adjusted Cost Base \$			
Proceeds of Disposition \$			
Amount of Your Loss \$			

## TRANSFERS TO SPOUSE ON SEPARATION (SEE CHAPTER 4)

	D	M	Y
Your Spouse's Name			
Property That You Transferred			
Transfer Date			
Separation Agreement 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	
• Water	
• Sewage	
Maintenance and Repairs	
Leasing Costs	
Meal Expenses	

CHECKLIST FOR THE SELF-EMPLOYED (CONT'D)		✓
Automobile		
• 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		
Office Expenses		
• Telephone & Fax		
• Stationery Supplies		
• New Capital Assets (attach list)		
• If Applicable, Tools		
Professional Membership Fees		
Fees for Professional Services		
Salaries Paid		
Travel		