

PERSONAL INCOME TAX QUESTIONNAIRE

PERSONAL INFORMATION

Name: _____
FIRST MIDDLE LAST

Date of Birth: _____ / _____ / _____
MONTH DAY YEAR MALE FEMALE E-mail: _____ Phone: _____

Address: _____
STREET # AND NAME CITY POSTAL CODE

SIN: _____ Has your address changed? YES NO If yes, have you changed it with CRA? YES NO

MARITAL STATUS

Marital Status: SINGLE COMMON LAW MARRIED SEPARATED DIVORCED

Has your marital status changed? YES NO

If Yes, what was your **previous** status? SINGLE COMMON LAW MARRIED SEPARATED DIVORCED

What Date did Status Change: _____ / _____ / _____
MONTH DAY YEAR

If Married or Common Law:

Partner's Name: _____
FIRST MIDDLE LAST

Partner's SIN: _____ Partner's Date of Birth: _____ / _____ / _____
MONTH DAY YEAR Net Income: _____

DEPENDANTS: Do you have any dependants? YES NO

DEPENDANT 1

Name: _____ Relationship: _____ Date of Birth: _____ / _____ / _____
FIRST LAST MONTH DAY YEAR

SIN: _____ Do they live with you? YES NO Are they living with a disability? YES NO Net Income: _____
(if applicable)

DEPENDANT 2

Name: _____ Relationship: _____ Date of Birth: _____ / _____ / _____
FIRST LAST MONTH DAY YEAR

SIN: _____ Do they live with you? YES NO Are they living with a disability? YES NO Net Income: _____
(if applicable)

DEPENDANT 3

Name: _____ Relationship: _____ Date of Birth: _____ / _____ / _____
FIRST LAST MONTH DAY YEAR

SIN: _____ Do they live with you? YES NO Are they living with a disability? YES NO Net Income: _____
(if applicable)

DEPENDANT 4

Name: _____ Relationship: _____ Date of Birth: _____ / _____ / _____
FIRST LAST MONTH DAY YEAR

SIN: _____ Do they live with you? YES NO Are they living with a disability? YES NO Net Income: _____
(if applicable)

(If total Dependants is more than 4, please list on next page with additional notes)

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PERSONAL INCOME DETAILS

1. Do you own foreign property over \$100,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you a Canadian Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Would you like to give your name to Elections Canada for the purposes of Voter registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have T-slips (T4, T4A, T4E, T4RSP, T4RIF, etc.)? <i>Please provide a copy of each.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have Self-Employment income? <i>If yes, please complete the Business Income section below</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have Investment Income? <i>If yes, please include all related documents.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have Education amounts to claim (T2202A Slip from your Educational Institution) or Interest paid on your student loan? <i>If yes, please include all related documents.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you pay for Dental, Health Benefits, or any other personally paid medical expenses? <i>If yes, please provide receipts</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you have RRSP contributions or withdrawals? <i>Please provide receipts.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Did you make any Donations? <i>If yes please provide receipts.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11a. Do you own your home? <i>If you own, please provide property tax amount.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11b. Do you rent your home? <i>If you rent, please provide rental receipts or amount paid Please provide all rental addresses with receipts and name(s) of who you've paid rent to.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Did you sell your Principal Residence this year? <i>If yes, we will require the purchase date & price and the sale date & price.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Did you work from home during the year? <i>If yes, please see part 6.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Is your income exempt under Indian Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any other notes or additional information to include?	

PERSONAL INCOME TAX QUESTIONNAIRE

BUSINESS INCOME AND EXPENSES (IF APPLICABLE)

1. BUSINESS INCOME

Gross Business Income - Before Deductions

2. COST OF GOODS SOLD

Goods Purchased for Resale

Raw Materials

Packaging

Subcontracts

Inventory value on Jan 1 (if applicable)

Inventory value on Dec 31 (if applicable)

3. EXPENSES

Advertising

Meals and Entertainment (Total amount, only 50% is deductible)

Bad debts

Insurance

Interest

Business tax, fees, licences, dues, memberships

Office Expenses

Supplies

Legal, accounting and other professional fees

Management and Administrative Fees

Equipment OR Business Office Rent

Repairs & Maintenance

Salaries, Wages, WSIB & Related Benefits

Travel Expenses (transport, accommodation, meals while away)

Telephone, Internet and Utilities

4. CCA

Any capital property purchased

Yes No

*This includes equipment, buildings, etc. with a cost of over \$200.
Please include a list of items, description, price and amount of personal use?*

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BUSINESS INCOME AND EXPENSES (IF APPLICABLE)

5. MOTOR VEHICLE EXPENSES, CCA

Total KM's driven in tax year

Business KM's driven in tax year

Fuel and Oil

Interest

Insurance

Licence and Registration

Maintenance and Repairs

Other Expenses

Business Parking Fees

**If you leased a vehicle used for business, please provide the following:

Total Lease Payments in the tax year

Total Lease Payments Deducted in prior years

Date lease agreement commenced (Month/Day/Year)

Manufacturer's List Price of Vehicle (excluding HST)

**If you PURCHASED a vehicle used for business, please provide bill of sale (more questions will follow)

6. BUSINESS USE OF HOME EXPENSES

The following page includes the Canada Revenue WFH (Work From Home) Assessment for the flat rate vs. detailed method of claiming expenses

USE FLAT RATE METHOD USE DETAILED METHOD

Do you have a Form T2200S or T2200 signed by your employer? Yes No

Do you have other business expensed to claim (office supplies, computer expenses, cell phone etc) Yes No

Do you have any other notes, additional information or other expenses to include?

Business Use of Home Office Detailed Method:

Heat

Electricity

Water

Rent

Telephone and Internet

Maintenance (minor repairs & Supplies)

* Property Tax

* Home Insurance

** Mortgage Interest

** Equipment Lease/Purchase

Portion which is personal: express as a %

*if paid commissions or self-employed
**if self-employed