

Name: \_\_\_\_\_ SIN: \_\_\_\_\_

**Existing Clients Report only changes in your information not already on file with me. Complete Spouse Info if I am NOT preparing BOTH returns.**

Street address		City		Province		Postal Code		
Home Phone	Bus Phone	Ext	Cell Phone	Email Address		Name Change		
New Marital Status	Date of Change	Spouse Name		Spouse DOB		Spouse SIN	Spouse Net Income	
Dependant # 1 Name	Surname (if different)	DOB	M/D/Y	M/F	Relationship	Sin	Income	Student Y/N
Dependant # 2 Name	Surname (if different)	DOB	M/D/Y	M/F	Relationship	Sin	Income	Student Y/N

**Advise of the # of each type of income slip to ensure I receive all slips. If you are mailing your information, please keep a copy of all slips.**

T3's	T4's	T4A	T4A(OAS)	T4A(P)	T4E	T4PS	T4RIF	T4RSP	T5	T5007	T5008	RC62
Other: List type and # received.				Self Employed Income? Please check box and attach completed Statement of Business Activities.								

**Deductions – Do NOT Attach receipts unless specified**

**Advise of the total amount of medical expenses for the tax year and the person to whom they are for. Keep all receipts for your records.**

Self	Names & Totals
Do you have any unclaimed Medical from last year? More information may be required	
Did you or any of your dependants travel more than 40KM for Medical treatment that was not avail locally?	

**Childcare – Keep receipts**

Name of Provider	SIN if Dayhome	Child in Care	Amount	# weeks at overnight camp
Name of Provider	SIN if Dayhome	Child in Care	Amount	# weeks at overnight camp
Name of Provider	SIN if Dayhome	Child in Care	Amount	# weeks at overnight camp

**\*Only Transit passes, Union dues and Professional dues NOT shown on T4**

Prop Tax / Rent	*Monthly Transit Passes	*Union Dues	Professional Dues	Home Reno's	Alimony	Claimable Child Support
Donations	Tradespersons Tools	check which apply And attach receipts		Tuition	RRSP Contributions	Interest on Student loans
Child Fitness: Name of Child 1 & Total amount or Child Art receipts		Name of Child 2 & Total amount		Name of Child & Total amount		Name of Child & amount

**Please check if any of the following applies as more information may be needed:**

Moving Expenses (for work or business)	Home Buyers Plan Withdrawals	Caregiver (to disabled person)	Disability
Lifelong Learning Plan Withdrawals	Employment Expenses – Attach T2200 & statement of expenses		First Time Home Buyer

**Use this space for any other information or questions**


I hereby certify that all information entered on this form is accurate. I am aware that although receipts were not required to be submitted, it is my responsibility to keep all receipts for my records for 6 years. I have not entered any expenses that have been included on my T4 slips.



**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I want to receive a paper copy of my return

I want to receive an email copy of my return and receive a 2.5% discount. To qualify for an additional 2.5% discount, all forms and information slips must also be scanned and emailed to me.