

Date of Completion ____/____/____
 Month Day Year

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 ()			
Telephone: Cell ()		Fax: ()			
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)**Business**

Type of Business

Financial Statement Included Not Included

Employer's Remittance Number

Wages or Partnership Allocation to Spouse \$

Capital Gains**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? Yes 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? Yes NoDID YOU TRANSFER SHARES OF A SMALL BUSINESS CORPORATION? Yes 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? Yes No

Amount of Purchase \$

Date of Purchase

Amount of Sale \$

Date of Sale

Other Costs of Sale \$

FEBRUARY 24, 1994 CAPITAL GAINS ELECTION AMOUNTS \$

Child Support

Received \$

Paid \$

Commissions \$

Dividends \$

Employment \$

INCOME

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

Taxable Benefits \$			
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		D	M
Amount Outstanding \$	Date Outstanding		
Amount Outstanding \$	Date Outstanding		
Gratuities and Tips \$			
Interest from Investments \$			
Canada Savings Bonds \$			
Other Bonds \$			
Mortgages \$			
Trusts \$			
Foreign Assets in Excess of \$100,000 \$			
Pensions			
RETIRING ALLOWANCES			
Amount \$			
RRSP Contributions \$			
RRSP CONTRIBUTIONS			
Amount \$			
Home Buyers' Plan Withdrawals			
Lifelong Learning Plan Withdrawals			
Dividend Income \$			
Rental Property			
Address			
Apt. #	City		
Province	Postal Code		
Tax Shelters			
Number	TS		
Supporting Documents Attached		<input type="checkbox"/> Yes	<input type="checkbox"/> No
U.S. Income			
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			
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

	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	
Equipment Purchases Subject to CCA	
Office Expenses	
•Telephone & Fax	
•Stationery Supplies	
•New Capital Assets (attach list)	
•If Applicable, Tools	
Professional Membership Fees	
Fees for Professional Services	
Salaries Paid	
Travel	