

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?		q Yes q 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	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
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Employer's Remittance Number | | | | | | | | | | | | | | | |

Wages or Partnership Allocation to Spouse \$

CAPITAL GAINS

REAL ESTATE

D	M	Y
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Amount of Purchase \$	Date of Purchase			
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Amount of Sale \$	Date of Sale			
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LISTED PERSONAL PROPERTY

Amount of Purchase \$	Date of Purchase			
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Commissions Paid and Legal Fees \$

Amount of Sale \$	Date of Sale			
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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			
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Amount of Sale \$	Date of Sale			
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Other Costs of Sale \$

DID YOU TRANSFER A FARM TO CHILDREN OR GRANDCHILDREN? Yes No

DID YOU TRANSFER SHARES OF A SMALL BUSINESS CORPORATION? Yes No

DID YOU TRANSFER FISHING PROPERTY TO A CHILD OR GRANDCHILD? Yes No

IF YES TO A TRANSFER:

Value of Transfer \$	Date of Transfer			
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DID YOU BUY OR SELL SHARES OR MUTUAL FUNDS DURING THE TAX YEAR? Yes No

Amount of Purchase \$	Date of Purchase			
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Amount of Sale \$	Date of Sale			
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Other Costs of Sale \$

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

FEBRUARY 24, 1994 CAPITAL GAINS ELECTION AMOUNTS \$

CHILD SUPPORT

Received \$

Paid \$

COMMISSIONS \$**ELIGIBLE DIVIDENDS \$**

Notice of designation by corporation:

 Included Not Included**OTHER DIVIDENDS \$****EMPLOYMENT \$****TAXABLE BENEFITS \$**

Automobile

Documents Attached

 Yes No

Residence

Documents Attached

 Yes No

Other

Documents Attached

 Yes No**LOW INTEREST OR NO INTEREST LOANS****D****M****Y**

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 \$

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

Home Buyers' Plan Withdrawals

Lifelong Learning Plan Withdrawals

RESP CONTRIBUTIONS

Amount \$

CESG

Amount \$

RESP Withdrawals

RDSP CONTRIBUTIONS

Amount \$

CDSG and CDSB

Amount \$

RDSP Withdrawals

TFSA CONTRIBUTIONS

Amount \$

TFSA Withdrawals

DIVIDEND INCOME \$**RENTAL PROPERTY**

Address

Apt. #

City

Province

Postal Code

TAX SHELTERS

Number TS | | | | | | |

Supporting Documents Attached

 Yes No**U.S. INCOME**

Number of Days in the U.S. in the Past Three Years

Type of Income Received

 Employment Business Interest Inheritance Other

Supporting Documents Attached

 Yes No

EXPENSES (include receipts)

Child Care Expenses \$

Child Support Payments \$

Charitable Donations \$

Home Renovations \$

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?

Yes No

IS AN OUTSTANDING LOAN TO YOU BY A CORPORATION UNCOLLECTIBLE?

Yes 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

Yes No

CHECKLIST FOR THE SELF-EMPLOYED

3

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	
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	
• Internet	
• Stationery Supplies	
• New Capital Assets (attach list)	
• If Applicable, Tools	
Professional Membership Fees	
Fees for Professional Services	
Salaries Paid	
Travel	