

PERSONAL INFORMATION						
Taxpayer's name:		SIN:		Date of birth: YYYY/MM/DD		
Tel:		Email:				
Spouse's name:		SIN:		Date of birth: YYYY/MM/DD		
Tel:		Email:				
Address:						
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Common-law <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		Marital status change in 2018? <input type="checkbox"/> Y <input type="checkbox"/> N Date of change: _____		In year of separation: Spouse's 2018 net income: _____ (from Line 236 on their 2018 personal tax return)		
Do you own foreign property with a cost base greater than \$100,000? (includes US stocks invested through Cdn brokers) <input type="checkbox"/> Yes <input type="checkbox"/> No						
Did you sell your principle residence this tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No Proceeds: \$ _____						
Date of sale: _____ Date of original purchase: _____						
Address (including postal code): _____						
Do any of your family members qualify for the disability tax credit? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please indicate the status of the signed T2201 from your medical professional: <input type="checkbox"/> Copy currently on file LM Rourke CPA <input type="checkbox"/> Copy attached						
Citizenship: <input type="checkbox"/> Canadian - If so, do you allow CRA to release your data to Elections Canada to update voter rolls? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U.S. (If so, you may be required to file a U.S. tax return. Please contact us for more information.)						
I wish to receive letters and notices from CRA exclusively by e-mail to the e-mail address I provided above. <input type="checkbox"/> Y <input type="checkbox"/> N						
MINOR, INFIRM OR ELDERLY DEPENDANT INFORMATION						
Name (first and last name)	SIN	Date of Birth (YYYY/MM/DD)	Net Income (from Line 236)	Disability Tax Credit	Post- Secondary Institution	Daycare or Preschool
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

INCOME	Taxpayer	Spouse	INFORMATION REQUIRED
Salaries, commissions	<input type="checkbox"/>	<input type="checkbox"/>	T4, T4A slips
Pension income (including OAS/ CPP or RCA)	<input type="checkbox"/>	<input type="checkbox"/>	T4A, T4A(RCA), T4A(P), T4A(OAS) slips
RRSP and RRIF income	<input type="checkbox"/>	<input type="checkbox"/>	T4 RSP, T4RIF slips
Employment Insurance (EI) benefits and repayments	<input type="checkbox"/>	<input type="checkbox"/>	T4E slips
Social assistance	<input type="checkbox"/>	<input type="checkbox"/>	T5007
Investment income	<input type="checkbox"/>	<input type="checkbox"/>	T3, T5, T600 slips
Partnership income	<input type="checkbox"/>	<input type="checkbox"/>	T5013 slips or details
Self-Employment/Business/Professional income and expenses	<input type="checkbox"/>	<input type="checkbox"/>	Complete table 5, 6 and 7
Rental income and expenses	<input type="checkbox"/>	<input type="checkbox"/>	Complete table 4

INCOME	Taxpayer	Spouse	INFORMATION REQUIRED
Taxable capital gains and losses % split with spouse: _____	<input type="checkbox"/>	<input type="checkbox"/>	Year-end investment portfolio package or other information which includes the following: purchase date and cost, sale date and proceeds
Spousal Support	<input type="checkbox"/>	<input type="checkbox"/>	Name of payer: _____ Address of payer: _____ Annual amount received: _____ Copy of support agreement
Registered Disability Savings Plan (RDSP) income and repayment	<input type="checkbox"/>	<input type="checkbox"/>	T4A slips
Foreign pension or income: Country : _____	<input type="checkbox"/>	<input type="checkbox"/>	Slips or details
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	Details (<i>attach a separate sheet</i>)

DEDUCTIONS, CREDITS AND OTHER	Taxpayer	Spouse	INFORMATION REQUIRED
Pension Plan/RRSP contributions	<input type="checkbox"/>	<input type="checkbox"/>	T4, T4A slips, official receipts
Union or professional dues	<input type="checkbox"/>	<input type="checkbox"/>	T4 slips, official receipts
Moving expenses	<input type="checkbox"/>	<input type="checkbox"/>	Details of expenses and relocation allowance
Spousal/Child Support	<input type="checkbox"/>	<input type="checkbox"/>	Name of payee: Address of payee: Annual amount paid: Copy of support agreement
Interest expenses/investment expenses	<input type="checkbox"/>	<input type="checkbox"/>	Details – investment advisor or accountant fees
Child care expenses	<input type="checkbox"/>	<input type="checkbox"/>	Complete table 1 below
Employment expenses	<input type="checkbox"/>	<input type="checkbox"/>	Complete table 2, 5, 6; need T2200 (<i>completed by employer</i>)
Accounting fees	<input type="checkbox"/>	<input type="checkbox"/>	Details
Charitable/political donations	<input type="checkbox"/>	<input type="checkbox"/>	Official receipts
Caregiver credit	<input type="checkbox"/>	<input type="checkbox"/>	Complete table 3 on page 3
Medical/dental expenses	<input type="checkbox"/>	<input type="checkbox"/>	Official receipts or summary from pharmacy
Education Expenses/Tuition Fees/Textbook Credits/Exam Fees	<input type="checkbox"/>	<input type="checkbox"/>	T2202 (<i>from institution</i>), TL11 (<i>foreign</i>), Receipts
Interest Paid on Student Loans	<input type="checkbox"/>	<input type="checkbox"/>	Statement or details
Public Transit Passes (Monthly/Annual)	<input type="checkbox"/>	<input type="checkbox"/>	Official Receipts or Details
Volunteer Firefighter/Search & Rescue Amount	<input type="checkbox"/>	<input type="checkbox"/>	Details
New Home Buyers Amount	<input type="checkbox"/>	<input type="checkbox"/>	Purchase Agreement
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	

ONTARIO TRILLIUM BENEFIT (*Ontario sales tax credit, Ontario senior homeowner's property tax grant, Ontario energy and property tax credit, and Northern Ontario energy credit*).

Did you reside in:
 Ontario on December 31, 2018? Y N Northern Ontario on December 31, 2018? Y N

Address	# of months in 2018	Amount paid in 2018	Property tax or rent?	Is this a long-term care home?	Landlord's name or municipality
1.		\$	<input type="checkbox"/> Property tax <input type="checkbox"/> Rent	<input type="checkbox"/> Y <input type="checkbox"/> N	
2.		\$	<input type="checkbox"/> Property tax <input type="checkbox"/> Rent	<input type="checkbox"/> Y <input type="checkbox"/> N	
3.		\$	<input type="checkbox"/> Property tax <input type="checkbox"/> Rent	<input type="checkbox"/> Y <input type="checkbox"/> N	

TABLE 1: CHILD CARE EXPENSES <i>Original or copy of receipts must be provided to LM Rourke CPA.</i>		
Caregiver Name:	Address:	Total Paid:
SIN: <i>(if applicable)</i>		\$

TABLE 2: EMPLOYMENT EXPENSES <i>Completed T2200 from your employer required. Original receipts not required by LM Rourke CPA – please retain for 7 years</i>			
Accounting/Legal Fees	\$	Parking	\$
Advertising/Promotion	\$	Supplies/Postage/Stationary	\$
Automobile	<i>Complete Table 5</i>	Tools **	\$
Lodging	\$	Other (please specify):	\$
Meals/Entertainment <i>(100%)</i>	\$	**Note: <i>This is only for tradespeople who are required by their employer to purchase tools. Must have spent over \$1,000.</i>	

TABLE 3: CAREGIVER CREDIT <i>(dependant has physical or mental impairment)</i>	
Name of dependant:	Dependent's 2018 net income <i>(from Line 236 of their 2018 personal tax return):</i>
Dependent's relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Eligible dependant – 18+ years of age <input type="checkbox"/> Eligible dependant – under 18 years of age <input type="checkbox"/> Child – under 18 years of age <input type="checkbox"/> Other – 18+ years of age <i>(please specify: parent, grandparent, brother, sister, uncle, aunt, niece, or nephew)</i>	
Documentation required: Signed statement from a medical practitioner indicating the nature of the impairment, when it began, what its duration is expected to be, and that the person is dependent on others because of this impairment in physical or mental functions. <i>(Please note that this is not required if the individual already has a T2201 Disability Tax Credit Certificate already on file with CRA.)</i>	

TABLE 4: RENTAL INCOME <i>Original receipts not required by LM Rourke CPA. Please keep receipts for 7 years.</i>			
Address of Rental Property:		Co-Owner's Name:	
		SIN:	% Ownership: %
Personal Use %: %	HST Registrant? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you use the "Quick Method" for HST calculation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Gross Rental Income: <i>(Provide 100% of income)</i> \$			
Expenses: <i>(Please enter 100% of expenses)</i>			
Advertising	\$	Maintenance/Repairs	\$
Insurance	\$	Property Taxes	\$
Interest	\$	Other:	\$
Lighting/Heating/Water	\$	Other:	\$

TABLE 5: SELF-EMPLOYMENT/BUSINESS/PROFESSIONAL INCOME *Original receipts not required by LM Rourke CPA. Please keep receipts for 7 years.*

HST Registrant? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you use the "Quick Method" for HST calculation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you file your own HST? <input type="checkbox"/> Yes <input type="checkbox"/> No Registered to pay EI premiums? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sales/Gross Revenue: Business Income: \$ Professional Income: \$ Other Income: \$		Cost of Goods Sold:	Opening Inventory \$ Purchases \$ Closing Inventory \$ Direct Wages \$ (Does not include wages paid to yourself or administrative staff)
Expenses: Are all of the figures you have indicated inclusive of HST? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Accounting/Legal/Consulting	\$	Travel	\$
Advertising	\$	Equipment Rentals ²	\$
Automobile ¹	\$	Insurance ²	\$
Business Tax/Fees/Licenses/Dues	\$	Interest/Bank Charges	\$
Maintenance/Repairs	\$	Gas/Electricity/Water ²	\$
Management/Administration	\$	Office/Supplies	\$
Meals/Entertainment 100%	\$	Property Tax (Business Premises) ²	\$
Private Health Care Premiums	\$	Telephone:	\$
Salaries and Benefits	\$Click or tap here to enter text.		¹ Complete table 5 for personal vehicle usage. ² Complete table 6 for business use of home.

TABLE 5: AUTO EXPENSES *Original receipts not required by LM Rourke CPA. Please keep receipts for 7 years.*

Bought or sold a new vehicle last year? <input type="checkbox"/> Yes <input type="checkbox"/> No Started or stopped leasing a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide purchase/loan/sale/leasing documents.		Started to use your vehicle for business in this taxation year? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please specify the estimated value at that point: \$	
Fuel	\$	ANNUAL KILOMETRES Business use: _____ kms Total use: _____ kms	
Insurance	\$		
Interest	\$		
Leasing Cost	\$		
Maintenance/Repairs	\$		
Other:	\$		

TABLE 6: HOME OFFICE EXPENSES *Original receipts not required by LM Rourke CPA. Please keep receipts for 7 years*

Gas	\$	Rent	\$	SQUARE FOOTAGE Business use: _____ ft ² Total house: _____ ft ²
Electricity	\$	Insurance*	\$	
Water/Sewer	\$	Property Taxes*	\$	
Maintenance	\$	Other (specify):	\$	
Mortgage Interest	\$	Other (specify):	\$	

**NOTE: Insurance and property taxes are eligible deductions for commissioned employees and self-employed individuals only. Mortgage interest for self-employed only.*

ADDITIONAL INFORMATION REQUIRED

- **Notices of (Re) Assessment – current clients:** past taxation year, **new clients:** past three taxation years
- **Individual Tax and Benefit Returns – new clients:** past three years
- **Statement of Instalments** – if applicable
- **Direct Deposit** – void cheque attached if not already set up with CRA