

Returning client? Y N

How would you like your return copy?

Paper/Folder Hardcopy

Electronic copy (PDF)

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 2020? <input type="checkbox"/> Y <input type="checkbox"/> N Date of change: _____ Spouse's net income: (if separated, for the period before separation date if not separated for the entire year and if we are not filing spouse's income tax return). _____ (from Line 236000 on their 2020 personal tax return)	

Do you own foreign property with a cost base greater than \$100,000? (includes US stocks invested through Cdn brokers) Yes No

Did you sell your principle residence this tax year? Yes 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? Yes No
 If "Yes" please indicate the status of the signed T2201 from your medical professional:
 Copy currently on file LM Rourke CPA
 Copy attached

Citizenship

Are you a Canadian citizen? <u>Taxpayer</u> <u>Spouse</u> <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	Are you a US citizen? (if so, you may be required to file a U.S. tax return. Please contact us for more information). <u>Taxpayer</u> <u>Spouse</u> <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
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CRA Contact

Do you allow CRA to release your data to Elections Canada to update voter roles? <u>Taxpayer</u> <u>Spouse</u> <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	I wish to receive letters and notices from CRA exclusively by email to the email address I have provided. <u>Taxpayer</u> <u>Spouse</u> <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
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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

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 on page 4		
Rental income and expenses		<input type="checkbox"/>	<input type="checkbox"/>	Complete table 4 on page 3		
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, RRSP 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 on page 3		
Employment expenses		<input type="checkbox"/>	<input type="checkbox"/>	Complete table 2 on page 3 & 6, 7 on page 4; 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 (<i>Ontario sales tax credit, Ontario senior homeowner's property tax grant, Ontario energy and property tax credit, and Northern Ontario energy credit</i>).						
Did you reside in: Ontario on December 31, 2020? <input type="checkbox"/> Y <input type="checkbox"/> N Northern Ontario on December 31, 2020? <input type="checkbox"/> Y <input type="checkbox"/> N						
Address		# of months in 2020	Amount paid in 2020	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	

TABLE 1: CHILD CARE EXPENSES <i>Original or copy of receipts must be provided to LM Rourke CPA.</i>				
Caregiver Name:	SIN: (if applicable)	Child	Amount Paid	#of weeks for boarding school or overnight camp
			\$	
			\$	
			\$	
			\$	

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 6</i>	Tools **	\$
Lodging	\$	Other (please specify):	\$
Meals/Entertainment (100%)	\$	**Note: This is only for tradespeople who are required by their employer to purchase tools. Must have spent over \$1,000.	
Work from Home Expense - employees who worked more than 50% of the time from home for a period of at least four consecutive weeks in 2020 due to Covid-19. <i>For the simplified (flat-rate) method, no T2200S from your employer is required.</i>			
Number of Days Worked from Home in 2020			

TABLE 3: CAREGIVER CREDIT <i>(dependant has physical or mental impairment)</i>	
Name of dependant:	Dependent's 2020 net income (from Line 236 of their 2020 personal tax return):
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 (please specify: parent, grandparent, brother, sister, uncle, aunt, niece, or nephew)	
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: (Provide 100% of income) \$			
Expenses: (Please enter 100% of expenses)			
Advertising	\$	Maintenance/Repairs	\$
Insurance	\$	Property Taxes	\$
Mortgage 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.*

Company Name & Address:

Are you an HST Registrant? Yes No
 Do you use the "Quick Method" for HST calculation? Yes No

HST #:

Do you file your own HST? Yes 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? Yes No

	TOTAL	HST included		TOTAL	HST included
Accounting/Legal/Consulting	\$	\$	Travel	\$	\$
Advertising	\$	\$	Equipment Rentals ²	\$	\$
Automobile-company vehicle 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	\$	\$			

¹ Do not enter amounts here for personal vehicle - use table 6 instead.
² Do not enter amounts here for business use of home - use table 7 instead.

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

Bought or sold a new vehicle last year? Yes No
 Started or stopped leasing a vehicle? Yes No
 If "Yes", please provide purchase/loan/sale/leasing documents.

Started to use your vehicle for business in this taxation year?
 Yes No
 If "Yes", please specify the estimated value at that point:
 \$ _____

	TOTAL	HST included	
Fuel	\$		ANNUAL KILOMETRES Business use: _____ kms Total use: _____ kms
Insurance	\$		
Interest	\$		
Leasing Cost	\$		
Maintenance/Repairs	\$		
Other:	\$		

TYPE OF VEHICLE
 Year: _____
 Make: _____
 Model: _____

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

	TOTAL	HST included		TOTAL	HST included
Gas	\$		Rent	\$	
Electricity	\$		Insurance*	\$	
Water/Sewer	\$		Property Taxes*	\$	
Maintenance	\$		Other (specify):	\$	
Mortgage Interest	\$		Other (specify):	\$	

SQUARE FOOTAGE
 Business use:
 _____ ft²
 Total house:
 _____ ft²

*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:** full copy of last tax return submitted
- **Statement of Instalments** – if applicable
- **Direct Deposit** – void cheque attached if not already set up with CRA

NOTES

Large empty rectangular box for notes.

I certify that all the information that I have provided is true, complete and correct to the best of my knowledge. I accept that payment for the preparation of the tax return(s) is due upon completion and prior to any information being submitted to CRA.

SIGNATURE of person providing information: _____ **DATE:** _____