

PERSONAL INFORMATION						
Name:		SIN:	Date of birth: MM/DD/YYYY			
Spouse's Name:		SIN:	Date of birth: MM/DD/YYYY			
Address:						
Tel: () _____		Marital status change? Y / N		Marital status:		
Email: _____		Date of change: _____		<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		
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 Date of Sale: _____ Proceeds: \$ _____						
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 information about you to Elections Canada <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.)						
<input type="checkbox"/> I wish to receive letters and notices from CRA exclusively by e-mail to the e-mail address I provided above.						
MINOR, INFIRM OR ELDERLY DEPENDANT INFORMATION						
Name	SIN	Date of Birth (MM/DD/YYYY)	Net Income (from Line 236)	Disability Tax Credit Yes/No	Post- Secondary Institution	Daycare or Preschool Yes/No
INCOME			INCLUDED	INFORMATION REQUIRED		
Salaries, Commissions			<input type="checkbox"/>	T4, T4A slips		
Pension Income (including OAS/ CPP or RCA)			<input type="checkbox"/>	T4A, T4A(RCA), T4A(P), T4A(OAS) slips		
RRSP and RRIF Income			<input type="checkbox"/>	T4 RSP, T4RIF slips		
Employment Insurance (EI) Benefits and Repayments			<input type="checkbox"/>	T4E slips		
Social Assistance			<input type="checkbox"/>	T5007		
Investment Income			<input type="checkbox"/>	T3, T5, T600 slips		
Universal Child Care Benefit			<input type="checkbox"/>	RC62 slips		
Partnership Income			<input type="checkbox"/>	T5013 slips or details		
Self-Employment/Business/Professional Income and Expenses			<input type="checkbox"/>	Complete Table 4, 5, 6 on Page 3		
Rental Income and Expenses			<input type="checkbox"/>	Complete Table 3 on Page 2		
Taxable Capital Gains and Losses			<input type="checkbox"/>	Purchase Date and Cost, Sale Date and Proceeds		
Spousal Support			<input type="checkbox"/>	Name and Address of Payer, Amount Received, Support Agreement		
Registered Disability Savings Plan (RDSP) Income and Repayment			<input type="checkbox"/>	T4A slips		
Foreign pension or income			<input type="checkbox"/>	Slips or details		
Other (please specify):			<input type="checkbox"/>	Details (attach a separate sheet)		

DEDUCTIONS, CREDITS AND OTHER	INCLUDED	INFORMATION REQUIRED
Pension Plan/RRSP Contributions	<input type="checkbox"/>	T4, T4A slips, Official receipts
Union or Professional Dues	<input type="checkbox"/>	T4 slips, Official receipts
Moving Expenses	<input type="checkbox"/>	Details of Expenses and Relocation Allowance
Spousal/Child Support	<input type="checkbox"/>	Name and Address of Payee, Amount Paid, Support Agreement
Interest Expenses/Investment Expenses	<input type="checkbox"/>	Details
Child Care Expenses	<input type="checkbox"/>	Complete Table 1 Below
Employment Expenses	<input type="checkbox"/>	Complete Table 2, 5, 6; T2200 (completed by employer)
Accounting Fees	<input type="checkbox"/>	Details
Charitable/Political Donations	<input type="checkbox"/>	Official receipts
Caregiver Credit	<input type="checkbox"/>	Details
Medical/Dental Expenses	<input type="checkbox"/>	Official Receipts or Summary from Pharmacy
Education Expenses/Tuition Fees/Textbook Credits/Exam Fees	<input type="checkbox"/>	T2202 (from institution), TL11 (foreign), Receipts
Interest Paid on Student Loans	<input type="checkbox"/>	Statement or details
Public Transit Passes (Monthly/Annual)	<input type="checkbox"/>	Official Receipts or Details
Children's Fitness/Arts Expenses	<input type="checkbox"/>	Eligible Receipts
Volunteer Firefighter/Search & Rescue Amount	<input type="checkbox"/>	Details
New Home Buyers Amount	<input type="checkbox"/>	Purchase Agreement
Other, please specify:	<input type="checkbox"/>	

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

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

TABLE 3: RENTAL INCOME <small>Original receipts not required by LM Rourke CPA. Please keep receipts for 7 years.</small>			
Address of Rental Property:		Co-Owner's Name:	
		SIN:	% Ownership: _____ %
Personal Use %: _____ %	HST Registrant? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", Quick Method? <input type="checkbox"/> Yes <input type="checkbox"/> No)		
Gross Rental Income: (Provide 100% of income) \$ _____			
Expenses: (Provide 100% of expenses)			
Advertising	\$ _____	Maintenance/Repairs	\$ _____
Insurance	\$ _____	Property Taxes	\$ _____
Interest	\$ _____	Other:	\$ _____
Lighting/Heating/Water	\$ _____	Other:	\$ _____

TABLE 4: SELF-EMPLOYMENT/BUSINESS/PROFESSIONAL INCOME <small>Original receipts not required by LM Rourke CPA. Please keep receipts for 7 years.</small>			
HST Registrant? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", Quick Method? <input type="checkbox"/> Yes <input type="checkbox"/> No)		Do you file your own HST? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all of the figures you have indicated inclusive of 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:		Cost of Goods Sold:	
Business Income:	\$ _____	Opening Inventory	\$ _____
Professional Income:	\$ _____	Purchases	\$ _____
Other Income:	\$ _____	Closing Inventory	\$ _____
		Direct Wages	\$ _____
		<i>(Does not include wages paid to yourself or administrative staff)</i>	
Expenses:			
Accounting/Legal/Consulting	\$ _____	Travel	\$ _____
Advertising	\$ _____	Equipment Rentals*	\$ _____
Automobile	\$ _____	Insurance*	\$ _____
Business Tax/Fees/Licenses/Dues	\$ _____	Interest/Bank Charges*	\$ _____
Maintenance/Repairs	\$ _____	Gas/Electricity/Water*	\$ _____
Management/Administration	\$ _____	Office/Supplies*	\$ _____
Meals/Entertainment 100%	\$ _____	Property Tax (Business Premises)	\$ _____
Private Health Care Premiums	\$ _____	*NOTE: Complete Table 6 for business use of home.	
Salaries and Benefits	\$ _____		
TABLE 5: AUTO EXPENSES <small>Original receipts not required by LM Rourke CPA. Please keep receipts for 7 years.</small>			
Bought or sold a new vehicle last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		Started to use your vehicle for business in this taxation 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 specify the estimated value at that point:	
If "Yes", please provide purchase/loan/sale/leasing documents.		\$ _____.	
Fuel	\$ _____	ANNUAL KILOMETRES Business use: _____ kms Total use: _____ kms	
Insurance	\$ _____		
Interest	\$ _____		
Leasing Cost	\$ _____		
Maintenance/Repairs	\$ _____		
Other:	\$ _____		
TABLE 6: HOME OFFICE EXPENSES <small>Original receipts not required by LM Rourke CPA. Please keep receipts for 7 years</small>			
Gas		Rent	
Electricity		Insurance*	
Water/Sewer		Property Taxes*	
Maintenance		Other:	
Mortgage Interest		Other:	
*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