

PERSONAL INFORMATION						
Taxpayer's name: Click or tap here to enter text.		SIN:	Click or tap here to enter text.	Date of birth: YYYY/MM/DD	Click or tap to enter a date.	
Tel: Click or tap here to enter text.		Email: Click or tap here to enter text.				
Spouse's name: Click or tap here to enter text.		SIN:	Click or tap here to enter text.	Date of birth: YYYY/MM/DD	Click or tap to enter a date.	
Tel: Click or tap here to enter text.		Email: Click or tap here to enter text.				
Address:	Click or tap here to enter text.					
	Click or tap here to enter text.					
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: Click or tap to enter a date.		In year of separation: Spouse's 2018 net income: Click or tap here to enter text. (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: \$ Click or tap here to enter text.						
Date of sale: Click or tap to enter a date. Date of original purchase: Click or tap to enter a date.						
Address (including postal code): Click or tap here to enter text.						
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
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap here to enter text.	<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: Click or tap here to enter text.	<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: Click or tap here to enter text. Address of payer: Click or tap here to enter text. Annual amount received: Click or tap here to enter text. 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 - Click or tap here to enter text.	<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: Click or tap here to enter text. Address of payee: Click or tap here to enter text. Annual amount paid: Click or tap here to enter text. 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"/>	Click or tap here to enter text.

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, 2018? <input type="checkbox"/> Y <input type="checkbox"/> N		Northern Ontario on December 31, 2018? <input type="checkbox"/> Y <input type="checkbox"/> 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. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Property tax <input type="checkbox"/> Rent	<input type="checkbox"/> Y <input type="checkbox"/> N	Click or tap here to enter text.
2. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Property tax <input type="checkbox"/> Rent	<input type="checkbox"/> Y <input type="checkbox"/> N	Click or tap here to enter text.
3. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.		<input type="checkbox"/> Y <input type="checkbox"/> N	Click or tap here to enter text.

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

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	\$ Click or tap here to enter text.	Parking	\$ Click or tap here to enter text.
Advertising/Promotion	\$ Click or tap here to enter text.	Supplies/Postage/Stationary	\$ Click or tap here to enter text.
Automobile	<i>Complete Table 5</i>	Tools **	\$ Click or tap here to enter text.
Lodging	\$ Click or tap here to enter text.	Other (please specify): Click or tap here to enter text.	\$ Click or tap here to enter text.
Meals/Entertainment (100%)	\$ Click or tap here to enter text.	**Note: This is only for tradespeople who are required by their employer to purchase tools. Must have spent over \$1,000.	

TABLE 3: CAREGIVER CREDIT <i>(dependant has physical or mental impairment)</i>	
Name of dependant: Click or tap here to enter text.	Dependent's 2018 net income <i>(from Line 236 of their 2018 personal tax return):</i> Click or tap here to enter text.
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> Click or tap here to enter text.	
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: Click or tap here to enter text. Click or tap here to enter text.		Co-Owner's Name: Click or tap here to enter text.	
		SIN: Click or tap here to enter text.	% Ownership: Click or tap here to enter text.%
Personal Use %: Click or tap here to enter text. %	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) \$Click or tap here to enter text.			
Expenses: (Please enter 100% of expenses)			
Advertising	\$Click or tap here to enter text.	Maintenance/Repairs	\$Click or tap here to enter text.
Insurance	\$Click or tap here to enter text.	Property Taxes	\$Click or tap here to enter text.
Interest	\$Click or tap here to enter text.	Other: Click or tap here to enter text.	\$Click or tap here to enter text.
Lighting/Heating/Water	\$Click or tap here to enter text.	Other: Click or tap here to enter text.	\$Click or tap here to enter text.

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 file your own HST? <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		Registered to pay EI premiums? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sales/Gross Revenue:	Cost of Goods Sold:	Opening Inventory \$Click or tap here to enter text.	
Business Income: \$Click or tap here to enter text.		Purchases \$Click or tap here to enter text.	
Professional Income: \$Click or tap here to enter text.		Closing Inventory \$Click or tap here to enter text.	
Other Income: \$Click or tap here to enter text.		Direct Wages \$Click or tap here to enter text.	
<i>(Does not include wages paid to yourself or administrative staff)</i>			
Expenses: Are all of the figures you have indicated inclusive of HST? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Accounting/Legal/Consulting	\$Click or tap here to enter text.	Travel	\$Click or tap here to enter text.
Advertising	\$Click or tap here to enter text.	Equipment Rentals ²	\$Click or tap here to enter text.
Automobile ¹	\$Click or tap here to enter text.	Insurance ²	\$Click or tap here to enter text.
Business Tax/Fees/Licenses/Dues	\$Click or tap here to enter text.	Interest/Bank Charges	\$Click or tap here to enter text.
Maintenance/Repairs	\$Click or tap here to enter text.	Gas/Electricity/Water ²	\$Click or tap here to enter text.
Management/Administration	\$Click or tap here to enter text.	Office/Supplies	\$Click or tap here to enter text.
Meals/Entertainment 100%	\$Click or tap here to enter text.	Property Tax (Business Premises) ²	\$Click or tap here to enter text.
Private Health Care Premiums	\$Click or tap here to enter text.	Telephone:	\$Click or tap here to enter text.
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 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: \$ Click or tap here to enter text.	
If "Yes", please provide purchase/loan/sale/leasing documents.			
Fuel	\$ Click or tap here to enter text.	ANNUAL KILOMETRES Business use: Click or tap here to enter text. kms Total use: Click or tap here to enter text. kms	
Insurance	\$ Click or tap here to enter text.		
Interest	\$ Click or tap here to enter text.		
Leasing Cost	\$ Click or tap here to enter text.		
Maintenance/Repairs	\$ Click or tap here to enter text.		
Other:	\$ Click or tap here to enter text.		

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

Gas	\$ Click or tap here to enter text.	Rent	\$ Click or tap here to enter text.	SQUARE FOOTAGE Business use: Click or tap here to enter text. ft ² Total house: Click or tap here to enter text. ft ²
Electricity	\$ Click or tap here to enter text.	Insurance*	\$ Click or tap here to enter text.	
Water/Sewer	\$ Click or tap here to enter text.	Property Taxes*	\$ Click or tap here to enter text.	
Maintenance	\$ Click or tap here to enter text.	Other (specify): Click or tap here to enter text.	\$ Click or tap here to enter text.	
Mortgage Interest	\$ Click or tap here to enter text.	Other (specify): Click or tap here to enter text.	\$ Click or tap here to enter text.	

**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