

SOURCES OF INCOME

Check if you have any of the following sources of income and **INCLUDE RECEIPTS** in all cases.)

Source	Slips to attach
<input type="checkbox"/> Employment income	T4
<input type="checkbox"/> Commission income	T4 or T4A
<input type="checkbox"/> Profit sharing income	T4PS
<input type="checkbox"/> Taxable disability income	T4A
<input type="checkbox"/> Old Age Security	T4(OAS)
<input type="checkbox"/> Canada Pension Plan	T4AP
<input type="checkbox"/> Other pensions/annuities	T4A
<input type="checkbox"/> Universal Child Care Benefit	RC62
<input type="checkbox"/> Employment Insurance benefits	T4E
<input type="checkbox"/> Dividend income	T3 or T5
<input type="checkbox"/> Interest income	T3 or T5
<input type="checkbox"/> Limited partnership income	T5013
<input type="checkbox"/> RRSP income	T4RSP
<input type="checkbox"/> RRSP withdrawals	T4RSP
<input type="checkbox"/> RRIF income	T4RIF
<input type="checkbox"/> Scholarships & bursaries	T4A
<input type="checkbox"/> Workers' Compensation benefits	T5007
<input type="checkbox"/> Social assistance payments	T5007
<input type="checkbox"/> Self-employed income	Summarize on page 3
<input type="checkbox"/> Rental income	Summarize on page 4
<input type="checkbox"/> Sale of investments	Summarize on page 4
<input type="checkbox"/> Sale of real estate	Summarize on page 4
<input type="checkbox"/> Spousal support received	\$ _____
<input type="checkbox"/> Child support (taxable)	\$ _____
<input type="checkbox"/> Tips & gratuities	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____

DEDUCTIONS AND TAX CREDITS AVAILABLE

(Check if you have any of the following deductions and **INCLUDE RECEIPTS** in all cases.)

Source	Amount
<input type="checkbox"/> RRSP contributions	\$ _____
<input type="checkbox"/> Union dues & professional fees	\$ _____
<input type="checkbox"/> Child care expenses	\$ _____
<input type="checkbox"/> Moving expenses	\$ _____
<input type="checkbox"/> Interest paid on investment loans	\$ _____
<input type="checkbox"/> Investment counseling fees	\$ _____
<input type="checkbox"/> Safety deposit box charges	\$ _____
<input type="checkbox"/> Public transit passes	\$ _____
<input type="checkbox"/> Children's Fitness amount	\$ _____
<input type="checkbox"/> Children's Arts amount	\$ _____
<input type="checkbox"/> Interest paid on student loans	\$ _____
<input type="checkbox"/> Tuition fees - Self T2202	\$ _____
<input type="checkbox"/> Tuition fees - Spouse/Children	\$ _____
<input type="checkbox"/> Charitable donations	\$ _____
<input type="checkbox"/> Political party contributions - Federal	\$ _____
<input type="checkbox"/> Political party contributions - Provincial	\$ _____
<input type="checkbox"/> First-time Home Buyer's amount	\$ _____
<input type="checkbox"/> Home Buyers Plan withdrawals/payments	\$ _____
<input type="checkbox"/> Lifelong Learning Plan withdrawals/payments	\$ _____
<input type="checkbox"/> Tax installments paid to CRA	\$ _____
<input type="checkbox"/> Other _____	\$ _____

(Check if you have any of the following deductions and ensure that you have the receipts to support the following items. If unsure, attach receipts.)

<input type="checkbox"/> Employment expenses	Summarize on page 3
<input type="checkbox"/> Spousal support payments	\$ _____
<input type="checkbox"/> Child support payments (ONLY if deductible)	\$ _____
<input type="checkbox"/> Medical expenses	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Other _____	\$ _____

OTHER INCOME AND/OR DEDUCTIONS

If you have other income and/or deductions that are not listed above, please itemize below and attach supporting receipts.

EMPLOYMENT EXPENSES

Please include a signed **T2200** - Declaration of Employment Conditions from your employer.

Travel	\$	_____
Parking	\$	_____
Supplies (stationery, other)	\$	_____
Telephone	\$	_____
Salaries paid to an assistant	\$	_____
Office rent	\$	_____
Accounting & legal (See * below)	\$	_____
Advertising & promotion (See * below)	\$	_____
Meals & entertainment (See * below)	\$	_____
Rental of office equipment (See * below)	\$	_____
Training (See * below)	\$	_____
Vehicle expenses	Summarize below	_____
Home office expenses	Summarize below	_____

* Applies to commission employees only.

VEHICLE EXPENSES (for Business & Employment)

Year & make of vehicle	_____
Purchase/sale price	\$ _____
Date of purchase/sale (See ** below)	_____
Date lease began/ended (See ** below)	_____

** If purchased, leased or sold in 2016, include relevant agreements.

Kms driven for business purposes in 2016	_____
Total kms driven in 2016	_____

Expense

Fuel	\$	_____
Repairs & maintenance	\$	_____
Insurance	\$	_____
Licensing & registration fees	\$	_____
Loan interest	\$	_____
Lease payments	\$	_____
Car washes	\$	_____
Parking	\$	_____
Other _____	\$	_____
Other _____	\$	_____
Other _____	\$	_____

SELF-EMPLOYED INCOME & EXPENSES

Name of business	_____
Type of business	_____
Names of partners and % owned	_____
SIN# of partners	_____

Revenue	\$	_____
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Expenses

Advertising	\$	_____
Meals & entertainment	\$	_____
Bad debts	\$	_____
Insurance	\$	_____
Interest & bank charges	\$	_____
Licenses, dues, memberships & subscriptions	\$	_____
Office expense	\$	_____
Supplies	\$	_____
Legal, accounting & other professional fees	\$	_____
Rent	\$	_____
Repairs & maintenance	\$	_____
Salaries	\$	_____
Travel	\$	_____
Telephone	\$	_____
Vehicle expenses	Summarize below	_____

Equipment & furniture purchases

_____	\$	_____
_____	\$	_____

GST Business Number	_____
Do the above amounts include GST/HST?	_____
Are we preparing your GST Return? ____ If yes, attach return.	

HOME OFFICE (for Business & Employment)

Percentage of home used for business/employment	_____	
Heat	\$	_____
Hydro	\$	_____
Water	\$	_____
Repairs & maintenance	\$	_____
Insurance (See *** below)	\$	_____
Property taxes (See *** below)	\$	_____
Rent	\$	_____
Mortgage interest (self-employed only)	\$	_____

*** Applies to commission employees and self-employed ONLY.

