

PERSONAL INFORMATION <small>PLEASE PRINT IN BLOCK CAPITALS</small>		
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>	First Name	Surname
Date of Birth <small>_DD_ / _MM_ / _YYYY_</small>	Nationality	SIN/ITN <input type="text"/> - <input type="text"/> - <input type="text"/>
Current Address		
Phone	Mobile	E-mail
How did you hear about our company?		
Application for a tax refund from: 2016 <input type="checkbox"/> 2017 <input type="checkbox"/> 2018 <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 <input type="checkbox"/> 2022 <input type="checkbox"/> Other (please specify) _____		
Is this the first year that you are filing a Canadian tax return? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, please provide the latest Notice of Assessment you have received from the Canadian tax authorities.</i>		
Which province or territory were you a resident of on December 31 in the tax year you are applying for? _____		
Is your current address the same as your mailing address? (This address is so the CRA can correspond with you, not to establish your residency. Enter the address you would like to receive any correspondence from the CRA at) Yes <input type="checkbox"/> No <input type="checkbox"/> _____		
How do you want to receive your notices of assessment and reassessment from the tax office? <input type="checkbox"/> I am already registered for online mail with the CRA. <input type="checkbox"/> I want to sign up for online mail with CRA with the e-mail address I provided. <input type="checkbox"/> I want to receive paper notice of assessments and reassessments.		
Did your Canadian Residency change in the year of application? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Did you immigrate to Canada in the year of application? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please confirm the date of immigration <small>_DD_ / _MM_ / _YYYY_</small>		
Did you emigrate from Canada in the year of application? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please confirm the date of emigration <small>_DD_ / _MM_ / _YYYY_</small>		
Which country do you plan to work and travel in next?		
What was your marital status during the tax year(s)? Single <input type="checkbox"/> Common-Law Partner <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>		
Were any of the following people living with you? Spouse <input type="checkbox"/> Children <input type="checkbox"/> Other dependants <input type="checkbox"/>		

Please complete the below if you were married or had a common-law partner during the tax year(s) and if you had any dependents during that time.

Spouse /Common-Law Partner Details		
First Name	Surname	Date of Birth <small>_DD_ / _MM_ / _YYYY_</small>
SIN/ITN <input type="text"/> - <input type="text"/> - <input type="text"/>		Nationality
Is your spouse working? Yes <input type="checkbox"/> No <input type="checkbox"/> Amount of income: _____ (If yes, provide spouse's income statements from all sources. If working in Canada attach T4, NR4 or similar statement.)		
Do you want to prepare your spouse or common-law partner's return at the same time as your return? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please provide another copy of this pack, completed by your spouse or common-law partner and supporting documents)</i>		

Child/Dependant's Information*					
Full Name	Date of Birth	Full time student?	Relationship to you	Number of months lived with you during the tax year	Dependant's net income amount
	<small>_DD_ / _MM_ / _YYYY_</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	<small>_DD_ / _MM_ / _YYYY_</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>			

**If more than 2 dependants provide additional information on a separate sheet.*

INCOME

PLEASE REPORT ALL TYPES OF INCOME YOU EARNED IN THE TAX YEAR AND PROVIDE SUPPORTING DOCUMENTS:

1. Employment income Yes No If Yes, confirm number of employers _____ (attach T4s and Relevé 1 (for Quebec)/final pay slips for all employers);
 Do you want us to retrieve the missing payment slips? Yes* No

Employer's names: _____	Employment from: DD / MM / YYYY to: DD / MM / YYYY	Do you have your T4? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer's names: _____	Employment from: DD / MM / YYYY to: DD / MM / YYYY	Do you have your T4? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer's names: _____	Employment from: DD / MM / YYYY to: DD / MM / YYYY	Do you have your T4? Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Self-employment income Yes No ; (Attach receipts/invoices)
 Type of self-employment: Professional Commission Farming Fishing Other _____
 Occupation _____ Period of self-employment from DD / MM / YYYY to DD / MM / YYYY

3. Rental Income Yes No ; (Attach exact addresses of the properties you receive income from and confirm the amount of the income you received during the year).

4. Pension, Retirement, Annuity and Other income, Old Age Security, Canada Pension Plan or Quebec Pension Plan benefits, Distributions from a retirement compensation arrangement reported, reported on T4A slip, T4A(OAS) slip, T4A(P) slip and T4A-RCA slip Yes No If yes, please attach copies of all slips.

5. Employee Profit Sharing Plan reported on T4PS slip Yes No If yes, please attach copies of all slips.

6. Pension Adjustment Reversal (PAR) reported on T10 slip Yes No If yes, please attach copies of all slips.

7. Employment Insurance Benefits (T4E slip) Yes No If yes, please attach copies of all slips.

8. Workers' Compensation Benefits or Social Assistance Benefits, Senior supplement (attach T5007 slips) Yes No If yes, please attach copies of all slips.

9. Income from work training program (T4E slips) Yes No If yes, please attach copies of all slips.

10. Registered Retirement Savings Plan Income (T4RSP slips) Yes No If yes, please attach copies of all slips.

11. Registered Retirement Income Fund (T4RIF slip) Yes No If yes, please attach copies of all slips.

12. Investment income (attach T3 slips, T5 slips, T5006 slips, T5013 slips) Yes No If yes, please attach copies of all slips.

13. Universal child care benefit (UCCB) reported on RC62 slip Yes No If yes, please attach copies of all slips.

14. **1.** Income from outside of Canada? Yes No
 If "Yes", please confirm the type of income _____ and amount _____ (attach payment documents)
2. In case you are an immigrant in Canada, please confirm:
 Amount and currency of non-Canadian income earned outside of Canada before the immigration date: _____
 Amount and currency of non-Canadian income earned outside of Canada after the immigration date: _____

15. Other income not included anywhere else (Income from tips or casual labour not reported on payment document) Yes No ;
 Type: _____ Amount: _____

*Document retrieval fee applies!

DEDUCTIONS

1. Registered Retirement Savings Plan (RRSP)/Pooled Registered Pension Plan (PRPP) deduction Yes No
(Please include receipts for RRSP/PRPP contributions)

Did you make RRSP contributions between March 2020 and February 2021? Yes No

Do you have previously reported but unused RRSP contributions? Yes No

Do you want to carry forward your RRSPs? Yes No

Did you or your employer make PRPP contributions for you between January 2018 and March 2019? Yes No

Do you need to make repayments to the Home Buyers' Plan (HBP) or the Lifelong Learning Plan (LLP)? Yes No
If yes, please include copy of your last Notice of assessment

Yes - Home Buyers' Plan (HBP)
 Yes - Lifelong Learning Plan (LLP)
 No - None apply

2. Annual union, professional, or like dues *(not included on T4 slips, please attach receipts)* Yes No

3. Child care expenses *(attach receipts)* Yes No

4. Moving expenses Yes/No *(attach receipts and/or invoices)* Yes No
 Main reason for move work business education
 Information about your employer, business or educational institution after the move _____

 Confirm distance in kilometres between your old home and your new place of work or educational institution _____
 Confirm distance in kilometres between your new home and your new place of work or educational institution _____
 Complete address on old residence _____
 Complete address of new residence _____
 Date of move _____
 Date you started your new job or business or your studies _____

5. Support payments made *(under court orders or written agreements, do not include amounts that are not specified in the order or agreement)* Yes No
 Amount _____

6. Other employment expenses *(please attach Form T2200, Declaration of Conditions of Employment issued by employer and receipts for expenses)* Yes No

7. Expenses related to self-employment *(please attach receipts and/or invoices)* Yes No

8. Expenses related to rental income - advertising, insurance, interest on mortgage, legal, accounting and other professional fees, maintenance and repairs, property taxes, utilities, other expenses *(please attach receipts, invoices and bank statements)* Yes No

TAX CREDITS

1. Public transit passes Yes No Amount _____ *(attach receipts)*

2. Medical expenses Yes No Amount _____ *(attach receipts)*

3. Tuition, education and textbook expenses *(attach form T2202A Tuition, Education, and Textbook Amounts Certificate)* Yes No Amount _____

4. Were you a full time student for more than 13 weeks in the relevant tax year? Yes No

5. Unused tuition, education and textbook amount from previous tax years *(attach a copy of the last Notice of assessment)* Yes No Amount _____

6. Charitable donations Yes No Amount _____ *(attach receipts)*

If you made donations answer the following questions:

1. Did you or your spouse or common-law partner claim donations in Canada for year after 2007? Yes No Amount _____

2. Did you made donations after March 20, 2013? Yes No Amount _____

7. Children's fitness and/or Arts amounts Yes No Amount _____ *(attach receipts)*

8. Interest paid on student loan Yes No Amount _____ *(attach receipts)*

9. Other expenses not expressly mentioned? Yes No Amount _____ *(attach receipts)*