

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 ____ / ____ / ____	Nationality	SIN/ITN <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <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: 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/>		
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>		
I want taxback.com to: prepare and file my income tax return with the Canadian tax authorities <input type="checkbox"/> only prepare my income tax return <input type="checkbox"/>		
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"/> _____ _____		
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 ____ / ____ / ____		
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 ____ / ____ / ____
SIN/ITN <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		Nationality
Is your spouse working? Yes <input type="checkbox"/> No <input type="checkbox"/> (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"/> (If yes, please provide another copy of this pack, completed by your spouse or common-law partner and supporting documents)		

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
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		

INCOME	
PLEASE REPORT ALL TYPES OF INCOME YOU EARNED IN THE TAX YEAR AND PROVIDE SUPPORTING DOCUMENTS:	
1. Employment income Yes <input type="checkbox"/> No <input type="checkbox"/> ; If, Yes confirm number of employers _____ (attach T4s and Releve 1 (for Quebec)/final pay slips for all employers);	
Do you want us to retrieve the missing payment slips? Yes* <input type="checkbox"/> No <input type="checkbox"/>	
Employer's names and start-finish dates of employment:	
_____	Do you have your T4? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Do you have your T4? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Do you have your T4? Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Self-employment income Yes <input type="checkbox"/> No <input type="checkbox"/> ; (Attach receipts/invoices)	
Type of self-employment: Professional <input type="checkbox"/> Commission <input type="checkbox"/> Farming <input type="checkbox"/> Fishing <input type="checkbox"/> Other _____	
Occupation _____ Period of self-employment from ___/___/___ to ___/___/___	
3. Rental Income Yes <input type="checkbox"/> No <input type="checkbox"/> ; (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 <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach copies of all slips.	
5. Employee Profit Sharing Plan reported on T4PS slip Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach copies of all slips.	
6. Pension Adjustment Reversal (PAR) reported on T10 slip Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach copies of all slips.	
7. Employment Insurance Benefits (T4E slip) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach copies of all slips.	
8. Workers' Compensation Benefits or Social Assistance Benefits, Senior supplement (attach T5007 slips) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach copies of all slips.	
9. Income from work training program (T4E slips) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach copies of all slips.	
10. Registered Retirement Savings Plan Income (T4RSP slips) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach copies of all slips.	
11. Registered Retirement Income Fund (T4RIF slip) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach copies of all slips.	
12. Investment income (attach T3 slips, T5 slips, T5006 slips, T5013 slips) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach copies of all slips.	
13. Universal child care benefit (UCCB) reported on RC62 slip Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach copies of all slips.	
14. Income from outside of Canada Yes/No If Yes Please confirm the type of income _____ and amount _____ (attach payment documents)	
15. Other income not included anywhere else (Income from tips or casual labour not reported on payment document) Yes <input type="checkbox"/> No <input type="checkbox"/> ; 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 made RRSP contributions between March 2014 and February 2015? 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 made PRPP contributions for you between January 2014 and March 2015? Yes No

Do you need to make repayments to the Home Buyers' Plan (HBP) or the Lifelong Learning Plan (LLP)? Yes No

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)*

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

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

If you made donations in 2014 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 _____

6. Children's fitness and/or Arts amounts Yes No Amount _____

7. Interest paid on student loan Yes No Amount _____

8. Other expenses not expressly mentioned? Yes No Amount _____