

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

| Source | Slip to bring |
|---|---------------------|
| <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 counselling 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 | \$ _____ |
| <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 instalments 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"/> 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.

SELF-EMPLOYED INCOME & EXPENSES

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

| | |
|----------------|-----------------|
| Revenue | \$ _____ |
|----------------|-----------------|

| | |
|---|-----------------|
| 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 above amounts include GST/HST? _____

Are we preparing your GST Return? ____ If yes, attach return.

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 2011, include relevant agreements.

| | |
|--|-------|
| Kms driven for business purposes in 2011 | _____ |
| Total kms driven in 2011 | _____ |

Expense

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

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.

